

Case Number:	CM13-0040946		
Date Assigned:	12/20/2013	Date of Injury:	02/01/2008
Decision Date:	03/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old who reported an injury on 02/01/2008. The mechanism of injury was stated to be the patient was punched in the left eye while restraining an out of control minor and was subsequently thrown across the room where she landed on another individual. The patient was noted to have spasms in the lumbar paravertebral region and was noted to have an antalgic gait. The medications the patient was noted to be on were Ativan, Nucynta, Soma, Wellbutrin, Rozerem, hydrocodone 10/325, lactulose, and Senokot. The patient was noted to have tenderness in the right sacroiliac joint and bilateral buttocks. The patient's diagnoses were noted to include lumbar disc disorder, sacroiliac instability, acquired spondylolisthesis, and sprain and strain of the sacroiliac along with lumbar spine radiculopathy. The request was made for 2 topicals.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen/Gabapentin/Lidocaine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 72,111,112,113.

Decision rationale: Chronic Pain Medical Treatment Guidelines indicates "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Regarding Topical Flurbiprofen. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... As the topical Flurbiprofen is not supported by the FDA or the treatment guidelines ... Lidocaine. Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The clinical documentation submitted for review, while indicating the patient had pain, it indicated the physician was trying to decrease the patient's overall use of systemic opioids and adjuvant topical agents would be helpful in achieving the goal. However, there is a lack of documentation indicating the necessity for 2 topical medications with lidocaine. Additionally, there is a lack of documentation indicating exceptional factors to warrant non-adherence to FDA and the Chronic Pain Medical Treatment Guidelines. There was a lack of documentation indicating the quantity of cream being requested. The request for Flurbiprofen/Gabapentin/Lidocaine Cream is not medically necessary or appropriate.

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, and Capsaicin, Lidocaine Page(s): 105,111,112. Decision based on Non-MTUS Citation Drugs.com, Terocin search

Decision rationale: California states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments ... Lidocaine." No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The Chronic Pain Medical Treatment Guidelines recommend treatment with topical salicylates. According to Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide documentation of the necessity for 2 creams with the same medications. Additionally, capsaicin is recommended in patients who have not responded or are intolerant to other treatments. There was a lack of documentation indicating the patient was not responsive nor was intolerant to other treatments. Per the submitted request, there is a lack of documentation of the quantity of Terocin being requested. The request for Terocin lotion is not medically necessary or appropriate.

