

Case Number:	CM13-0041100		
Date Assigned:	12/20/2013	Date of Injury:	03/25/2009
Decision Date:	07/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 60 year old male who was injured on 03/25/2009. The mechanism of injury is unknown. He was treated conservatively with chiropractic therapy which has helped his symptoms. The only report for review is a supplemental report dated 08/21/2012 which states the patient presented with complaints of neck and low back pain radiating to his upper and lower extremities with tingling and numbness. There are no objective findings documented. On RFA dated 10/02/2013, it is noted that a request is made for gabapentin 10% and capsaicin solution liquid. A prior utilization review dated 10/14/2013 states the request for gabapentin 10% in capsaicin solution liquid #120 DOS 10/2/2013 is not authorized as it is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no submitted documentation of evidence showing measurable subjective or functional benefit as a result of Terocin lotion; therefore terocin lotion #120 DOS 10/2/13 is not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQUID #120 DOS 10/2/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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

Decision rationale: According to CA MTUS guidelines, Gabapentin as a topical application is not recommended for chronic pain as there is no peer-reviewed literature to support its use. Therefore, the requested Gabapentin cream 30 grams is not medically necessary according to the guidelines.

TEROCIN LOTION #120 DOS 10/2/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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

Decision rationale: Terocin contains methyl Salicylate, capsaicin, Lidocaine, and menthol. As per CA MTUS guidelines, topical Lidocaine in the formulation of a dermal patch is FDA approved for neuropathic pain; however, topical formulations of Lidocaine (whether creams, lotions, or gels) are not indicated for neuropathic pain. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary.