

Case Number:	CM13-0041282		
Date Assigned:	12/20/2013	Date of Injury:	06/22/2013
Decision Date:	02/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation and Sports Medicine, and is licensed to practice in Texas and New York. 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 53-year-old female who reported an injury on 06/22/2013. The patient is diagnosed with cervicgia, thoracic sprain and strain, lumbar radiculopathy, lumbago, and bilateral shoulder internal derangement. The patient was seen by [REDACTED] on 10/10/2013. The patient reported 5/10 constant neck, mid-back, low back, and bilateral shoulder pain. Physical examination was deferred. Treatment recommendations included continuation of current medication, including topical creams, Genicin, Somnicin, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 2.5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain and localized peripheral pain. Capsaicin

is only indicated in patients who have not responded or are intolerant to other treatments. The only FDA-approved topical NSAIDs include diclofenac. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Muscle relaxants are also not recommended, as there is no evidence for use of any muscle relaxant as a topical product. As per the documentation submitted, there is no evidence of this patient's failure to respond to first-line oral medication prior to initiation of a topical analgesic. There is also no evidence of neuropathic pain upon physical examination. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The provider is unable to perform a physical examination on 10/18/2013, as well as a previous visit on 08/22/2013 secondary to pain. Satisfactory response to treatment has not been indicated. Therefore, continuation cannot be determined as medically appropriate.

Flurbi (NAP) Cream-LA 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain and localized peripheral pain. Capsaicin is only indicated in patients who have not responded or are intolerant to other treatments. The only FDA-approved topical NSAIDs include diclofenac. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Muscle relaxants are also not recommended, as there is no evidence for use of any muscle relaxant as a topical product. As per the documentation submitted, there is no evidence of this patient's failure to respond to first-line oral medication prior to initiation of a topical analgesic. There is also no evidence of neuropathic pain upon physical examination. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The provider is unable to perform a physical examination on 10/18/2013, as well as a previous visit on 08/22/2013 secondary to pain. Satisfactory response to treatment has not been indicated. Therefore, continuation cannot be determined as medically appropriate.

Gabacyclotram 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain and localized peripheral pain. Capsaicin is only indicated in patients who have not responded or are intolerant to other treatments. The only FDA-approved topical NSAIDs include diclofenac. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Muscle relaxants are also not recommended, as there is no evidence for use of any muscle relaxant as a topical product. As per the documentation submitted, there is no evidence of this patient's failure to respond to first-line oral medication prior to initiation of a topical analgesic. There is also no evidence of neuropathic pain upon physical examination. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The provider is unable to perform a physical examination on 10/18/2013, as well as a previous visit on 08/22/2013 secondary to pain. Satisfactory response to treatment has not been indicated. Therefore, continuation cannot be determined as medically appropriate.

Genicin #90 capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option, given the low risk, in patients with moderate arthritis pain. There is no documentation of symptomatic arthritis pain upon physical examination. The patient does not maintain a diagnosis of osteoarthritis. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain to multiple areas of the body. Based on the clinical information received, the request is non-certified.

Terocin 240ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain and localized peripheral pain. Capsaicin is only indicated in patients who have not responded or are intolerant to other treatments. The only FDA-approved topical NSAIDs include diclofenac. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Muscle relaxants are also not recommended, as there is no evidence for use of any muscle relaxant as a topical product. As per the documentation submitted, there is no evidence of this patient's failure to respond to first-line

oral medication prior to initiation of a topical analgesic. There is also no evidence of neuropathic pain upon physical examination. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The provider is unable to perform a physical examination on 10/18/2013, as well as a previous visit on 08/22/2013 secondary to pain. Satisfactory response to treatment has not been indicated. Therefore, continuation cannot be determined as medically appropriate.