

Case Number:	CM13-0043170		
Date Assigned:	06/04/2014	Date of Injury:	03/30/2012
Decision Date:	07/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/31/2013

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 Texas. 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 injured worker is a 60 year old retired firefighter. On 3/30/12, he reported cumulative insults to a variety of body parts from continuous trauma associated with his career spanning nearly 30 years. His chief complaints included low back, left shoulder, left elbow, right knee and left foot pain. X-rays dated 9/12/12 were significant for multilevel lumbar spondylosis with degenerative scoliosis. Nerve conduction studies on 10/23/12 showed mild bilateral carpal tunnel syndrome, mild ulnar neuropathy at elbow, bilateral anterior tarsal tunnel syndrome, and peroneal entrapment neuropathy about the left ankle. MRIs done on 11/1/12 showed disc protrusions at C3-4, C4-5, C5-6 and C6-7, a SLAP tear of the left shoulder, sprain of the medial collateral ligament with flap tear of the right knee, and a hallux valgus deformity of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION (DATE OF SERVICE: 9/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Terocin lotion contains methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride and is considered a compounded topical. The California MTUS guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, no dosage directions or body part are indicated. As such, the request is not medically necessary.

COMPOUNDED GABAPENTIN 10% IN CAPSAICIN SOLUTION (DATE OF SERVICE: 9/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended in a topical formulation of any kind. Additionally, no dosage directions or body part are indicated. As such, the request is not medically necessary.