

Case Number:	CM13-0045881		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2010
Decision Date:	04/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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:

This patient sustained an injury on 1/22/10. Request under consideration include 120 ml Gabapentin 10% in Capsaicin solution liquid with one refill and 120 ml Terocin Lotion with one refill. Report of 9/27/12 from the provider noted patient with ongoing increasing low back pain which radiates into the lower extremities with numbness and tingling. Symptoms of the cervical spine, bilateral shoulder, elbow, wrist/hands, and knees have not changed. Treatment recommendation included pain specialist for lumbar epidural injection. Report from secondary provider dated 4/2/13 noted pain complaints involving the neck, left shoulder, arm with headaches and paresthesias in the hands, numbness and weakness of the arm. The patient is status post lung nodule removal on 3/6/13. Medications help (none listed). Exam showed left trapezius tenderness on axial compression of cervical spine; restricted cervical range; left biceps reflex 1+; diminished sensation over C4-5 dermatomes. Flector patches were recommended. Requests above were non-certified on 10/28/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 ML GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQUID WITH ONE REFILL:
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 Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19, 111-113.

Decision rationale: Although, Gabapentin Oral Suspension which has the active ingredient for the anti-epileptic medication, has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific indication to support for oral suspension over oral pills. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for compounded analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral pills. Submitted reports have not adequately demonstrated the indication or medical need for this oral compounded solution analgesic. The 120 ml Gabapentin 10% in Capsaicin solution liquid with one refill is not medically necessary and appropriate.

120 ML TEROGIN LOTION WITH ONE REFILL: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia Serrata and Topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, Topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. In addition, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury. The 120 ml Terocin Lotion with one refill is not medically necessary and appropriate.