

Case Number:	CM13-0048341		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2011
Decision Date:	07/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 and Ohio. 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 50-year-old male who reported an injury on 10/05/2011, due to an unknown mechanism of injury. The injured worker complained of pain in the neck that radiated down to his shoulders and upper extremities stopping at the elbows. He also has pain in his lower back that radiates down his left lower extremity stopping at the left ankle. He has complaints of depression, stress, anxiety, fatigue, and mood swings. On 04/18/2013, the physical examination revealed severe tenderness to the paraspinal musculature of the cervical spine bilaterally with painful range of motion. He had a positive Spurling's test. There were deficits present with range of motion, forward flexion at 40 degrees, and extension at 18 degrees, right lateral bend and left lateral bend at 20 degrees. There was tenderness bilaterally at the acromioclavicular joints. The injured worker was neurologically intact to light touches and pinprick reflexes. The lumbar spine had tenderness with some spastic activity. The lumbar spine range of motion revealed forward flexion at 40 degrees, extension at 18 degrees, right lateral bend and left lateral bend at 25 degrees. On 04/18/2013, the x-rays of the cervical spine revealed a kyphotic angle at C4-5, C5-6, and C6-7 with osteophytic formation, as well as disc space narrowing between C5-6 and C6-7. The injured worker had diagnoses of cervical spine musculoligamentous injury, bilateral shoulder musculoligamentous injury, right lateral epicondylitis, and lumbar spine musculoligamentous injury. The injured worker's past method of treatment was physical therapy. The injured worker was on the following medications, Lisinopril, Naproxen, Hydrocodone, Robaxin, Dexilant, and Tramadol. The current treatment plan is for retrospective prescription of new Terocin lotion for unknown frequency and duration, retrospective prescription of Genicin for unknown frequency and duration, retrospective prescription of Flurbiprofen/Lidocaine/Amitriptyline for unknown frequency and duration, and retrospective

prescription of Gabapentin/Cyclobenzaprine/Tramadol for unknown frequency and duration. The rationale and the Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of new Terocin lotion for unknown frequency and duration:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

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

Decision rationale: The injured worker has a history of pain in the neck, shoulders, elbows, and lumbar spine. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The proposed cream contains Lidocaine. Furthermore, there is no rationale why the injured worker would require a topical lotion versus oral medications. Also, the request did not include the dosage, frequency, and durations of the proposed medication. In addition, the request does not specify the location for which the medication should be used. Given the above, the request for retrospective prescription of new Terocin lotion for unknown frequency and duration is not medically necessary.

Retrospective prescription of Genicin for unknown frequency and duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

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

Decision rationale: The injured worker has a history of pain in the neck, shoulders, elbow, and lumbar spine. The California MTUS Guidelines state that Genicin (glucosamine) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline Genicin (glucosamine sulfate) (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for Genicin (glucosamine hydrochloride). The documentation did not specify which type of Genicin is being requested, Genicin sulfate or Genicin hydrochloride. Also, the request did not include the dosage, frequency, and duration of the proposed medication. Given the above, the request for retrospective prescription of Genicin for unknown frequency and duration is not medically necessary.

Retrospective prescription of Flurbiprofen/Lidocaine/Amitriptyline for unknown frequency and duration: Upheld

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

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

Decision rationale: The injured worker had a history of pain in the neck, shoulders, elbow, and lumbar spine. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The proposed cream contains Lidocaine, which is not recommended. There is no rationale why the injured worker would require a topical cream versus an oral medication. Also, the request did not include the dosage, frequency, and duration of the proposed medication. In addition, the request does not specify the location for which the medication should be used. Given the above, the request for retrospective prescription of Flurbiprofen/Lidocaine/Amitriptyline for unknown frequency and duration is not medically necessary.

Retrospective prescription of Gabapentin/Cyclobenzaprine/Tramadol for unknown frequency and duration: Upheld

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

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

Decision rationale: The injured worker has a history of pain in the neck, shoulder, elbow, and lumbar spine. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that 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. The proposed cream contains gabapentin, which is not recommended. There is no rationale why the injured worker would require a topical cream versus oral medication. Also, the request did not include the dosage, frequency, and duration of the proposed medication. In addition, the request does not specify the location for which the medication should be used. Given the above, the request for retrospective prescription of gabapentin/cyclobenzaprine/tramadol for unknown frequency and duration is not medically necessary.