

Case Number:	CM13-0051636		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2012
Decision Date:	08/13/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 16 year old female who sustained an injury on 10/05/12 when she was struck in the neck by a box thrown by another handler. The injured worker developed complaints in the upper back and neck radiating to the right upper extremity. The injured worker also described mid and low back pain. The injured worker was treated with physical therapy as well as acupuncture treatment. The injured worker had also been placed on work restrictions. No initial medication use was noted. The injured worker was recommended to start topical compounded medications on 05/09/13. No other medications or listed substances were noted on urine drug screen reports. The injured worker was seen on 09/19/13 for continuing complaints of both neck that was intermittent and constant mid and low back which was severe. Physical exam noted limited range of motion in the neck and low back. The injured worker was again recommended to utilize multiple compounded topical medications that included Flurbiprofen, Amitriptyline, Gabapentin, Cyclobenzaprine, and Tramadol as well as medical food supplements and a topical Terocin medication. The requested compounded topical medications as well as Terocin were denied by utilization review on 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBI (NAP) CREAM LA 180GMS APPLY A THIN LAYER TO AFFECTED AREA 2-3X A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

Decision rationale: In regards to the use of a topical medication that includes flurbiprofen and amitriptyline, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The Chronic Pain Medical Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains flurbiprofen and amitriptyline which are not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this compound cannot be supported as medically necessary.

GABACYCLOTRAM 180GMS APPLY A THIN LAYER TO AFFECTED AREA 2-3X A DAY: 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): 111-113.

Decision rationale: In regards to the use of a topical medication that includes gabapentin, Cyclobenzaprine, and Tramadol, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains gabapentin, Cyclobenzaprine, and Tramadol which are not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this compound cannot be supported as medically necessary.

TEROCIN 240ML APPLY A THIN LAYER TO AFFECTED AREA 3-4X A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE, TOPICAL ANALGESICS Page(s): 105, 112-113.

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

Decision rationale: In regards to the request for Terocin 240mL, this reviewer would not have recommended this medication as medically necessary based on the review of the clinical documentation submitted as well as current evidence based guidelines. Terocin contains capstacin which can be considered an option in the treatment of neuropathic pain when there has been documentation regarding failure of other conservative efforts to include standard anti-inflammatory and anticonvulsants. There is no indication from the clinical documentation submitted that the injured worker has been followed for any particular neuropathic complaints. The injured worker's symptoms are largely myofascial in nature. Given the experimental investigational nature of topical analgesics within guidelines and as there is no documentation regarding failure of conservative medications such as anticonvulsants or anti-depressants, this reviewer would not have recommended this request as medically necessary.