

Case Number:	CM13-0051957		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2005
Decision Date:	08/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old female with a work injury dated 3/10/05. Under consideration is a request for retro Gabapentin 10% in capsaicin solution with one refill dispensed on 9/30/13 and retro Terocin lotion with one refill dispensed on 9/30/13. There is a 10/7/13 orthopedic evaluation that states that the patient complained of pain in the left ankle, right foot, right knee, lumbar spine, wrists, right shoulder, right elbow and cervical spine. Examination of the lumbar spine reveals discomfort in the mid to distal lumbar segments. Standing flexion and extension are guarded and restricted with increasing pain. Some pain in the lower extremities is noted. Examination of the right knee reveals a well healed midline incision consistent with the previous total knee replacement. Examination of the left knee reveals tenderness at the left knee joint line anteriorly. There is a positive patellar compression test and positive McMurray's sign. There is pain with terminal flexion. Examination of the left ankle reveals tenderness at the anterolateral aspect of the left ankle. There is pain with terminal motion. Examination of the right foot did reveal some pain in the anterior joint line space. There is pain extending in and around the extensor tendon mechanisms. There is no sign of instability. Examination of the wrists and hand did reveal a positive palmar compression test subsequent to Phalen's maneuver. There is reproducible symptomatology in the median nerve distribution consistent with carpal tunnel. There is positive Tinel's, left side more positive than the right. Physical examination of the right shoulder reveals tenderness around the anterior glenohumeral region and subacromial space with a positive Hawkins' and impingement sign. There is reproducible symptomatology with internal rotation and forward flexion. There are no signs of instability. Physical examination of the right elbow reveals C5-C6 root type pain extending into the lateral right elbow. Physical examination of the cervical spine reveals paravertebral muscle spasm. A positive axial loading

compression test is noted. There is extension of symptomatology in the upper extremities. Generalized weakness and numbness has been noted. The patient's symptoms in her cervical spine are largely unchanged from my prior evaluation. There is definitely an overlap in the upper extremities consistent with a double crush. The treatment plan included oral medication and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: GABAPENTIN 10% IN CAPSAICIN SOLUTION WITH ONE REFILL DISPENSED ON 9/30/13:

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for topical use by the MTUS Chronic Pain Guidelines. The documentation does not indicate that the patient is unable to take oral medications. As such, the request is not medically necessary and appropriate.

RETRO: TEROGIN LOTION WITH ONE REFILL DISPENSED ON 9/30/13:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals page 105; Topical Analgesics p.111-113; Capsaicin p.112-113; Lidoderm (lidocaine patch)p. 56-57 Page(s): p. 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terogin contains Lidocaine which per MTUS Chronic Pain Guidelines may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The documentation does not indicate that the patient is intolerable to oral medications. The patient does not meet the MTUS Chronic Pain Guidelines for Lidocaine. Therefore, the request is not medically necessary.