

Case Number:	CM13-0055585		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2010
Decision Date:	04/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Medicine and is licensed to practice in Arizona. 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 75 year old female with a date of injury on 9/23/2010. The patient has been treated for ongoing symptoms to the right shoulder. Diagnoses are of right shoulder impingement and is status post decompression with persistent rotator cuff tear, carpal tunnel syndrome, and epicondylitis. Subjective complaints are of right shoulder pain, inability to lift more than 5 pounds, is worse with activity, and numbness and tingling in right arm and hand. The physical exam revealed tenderness along rotator cuff, weakness, and positive speeds and cross arm tests. The medications include Norco, Celebrex, Losartan, Ventolin, Metoprolol, Levothyroxine, aspirin, and Simvastatin. Prior MRI of shoulder from 9/25/13 showed high-grade recurrent tear with full thickness region. Electrodiagnostic studies documented mild bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm, Page(s): 111-113, 56.

Decision rationale: Terocin is a compounded medication that includes Methyl Salicylate, Menthol, Lidocaine, and Capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical Lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of Lidocaine are indicated. While Capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The Menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to Capsaicin and Menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.

LIDOPRO CREAM 4 OUNCES #1 BOTTLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm, Page(s): 111-113, 56.

Decision rationale: Lidopro is a medication that includes Methyl Salicylate, Menthol, Lidocaine, and Capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical Lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of Lidocaine are indicated. While Capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to Capsaicin and Menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Lidopro not being in compliance to current use guidelines the requested prescription is not medically necessary.

NEURONTIN 600MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16.

Decision rationale: The California MTUS indicates that Gabapentin is an anti-seizure medication that is recommended as a first line treatment for neuropathic pain. The California MTUS also adds that following initiation of treatment there should be documentation of at least

30% pain relief and functional improvement. The continued use of an antiepileptic drug (AED) for neuropathic pain depends on these improved outcomes. This patient does not appear to have used Neurontin previously, and does have symptoms of neuropathic pain. Therefore, the request for Neurontin is medically necessary.