

Case Number:	CM13-0061944		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2012
Decision Date:	05/19/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 60-year-old male who reported an injury on 03/30/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his left upper extremity, low back, cervical spine, and right knee. The most recent clinical evaluation submitted for review dated 08/28/2013 documented that the injured worker had ongoing lumbar and cervical spine pain, left upper extremity, and right knee pain. Physical evaluation documented that the injured worker had limited range of motion secondary to pain with tenderness to palpation of paravertebral musculature and upper trapezius muscles. Examination of the left upper extremity documented a positive Tinel's in the left cubital fossa and tenderness to palpation over the arcade of Struthers with a positive palmar compression test and Phalen's maneuver. Evaluation of the left shoulder documented tenderness to palpation over the anterior portion of the left shoulder with a positive impingement and positive Hawkins sign and pain with range of motion. Evaluation of the lumbar spine documented restricted range of motion secondary to pain with tenderness to palpation of the lumbar paravertebral musculature and decreased sensation in the L5-S1 dermatomes with a positive nerve root test. Evaluation of the right knee documented tenderness to palpation on the right knee joint line with a positive patellar compression test and pain with range of motion. Evaluation of the left foot documented tenderness to palpation in the S1 dermatomal distribution with restricted range of motion secondary to pain and tenderness to the plantar aspect of the heel consistent with plantar fasciitis. The request was made for gabapentin 10% in capsaicin solution liquid #120 with 2 refills for date of service 10/30/2013 and Terocin lotion #120 with 2 refills for the same date of service. There was no documentation for the date of service or justification for the request provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% IN CAPSAICIN SOLUTION, LIQUID, #120, 2 REFILLS, DOS 10/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The requested Gabapentin 10% in Capsaicin solution, liquid, #120, 2 refills, DOS 10/30/2013 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not recommend the use of topical gabapentin as there is little scientific evidence to support the efficacy and safety of this medication. Additionally, capsaicin is not supported unless all other first line analgesics have failed to provide symptom relief. The clinical documentation does not provide any evidence that the injured worker has failed to respond to first line medications to include oral anticonvulsants and antidepressants. Therefore, the use of this medication is not supported. Additionally, as there was no documentation to support the request or justification provided, the appropriateness of the request cannot be determined. As such, the requested Gabapentin 10% in Capsaicin solution, liquid, #120, 2 refills, DOS 10/30/2013 is not medically necessary or appropriate.

TEROCIN LOTION, #120, 2 REFILLS, DOS 10/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The requested Terocin lotion, #120, 2 refills, DOS 10/30/2013 is not medically necessary or appropriate. The requested medication is a compounded medication that contains methyl salicylate, menthol, capsaicin, and lidocaine. The California Medical Treatment and Utilization Schedule does recommend the use of menthol and methyl salicylate in the management of osteoarthritic pain. However, the California Medical Treatment and Utilization Schedule does not support the use of capsaicin as a topical analgesic unless the injured worker has failed to respond to other first line chronic pain management treatments. The clinical documentation fails to provide any evidence that the injured worker has failed to respond to first line medications to include anticonvulsants and antidepressants. Additionally, the California Medical Treatment and Utilization Schedule does not recommend the use of lidocaine as a topical analgesic as it is not FDA approved to treat neuropathic pain in that formulation. The California Medical Treatment and Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended by Guidelines is not recommended. Additionally, there is no clinical documentation from the requested date of service to justify the

request. As such, the requested Terocin lotion, #120, 2 refills, DOS 10/30/2013 is not medically necessary or appropriate.