

Case Number:	CM13-0067749		
Date Assigned:	03/21/2014	Date of Injury:	11/10/2008
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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, 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 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 an employee of [REDACTED] and has submitted a claim for rotator cuff syndrome associated with an industrial injury date of November 10, 2008. Treatment to date has included oral analgesics, multiple cortisone injections, arthroscopic subacromial decompression with distal clavicle resection of the left shoulder (November 2008), physical therapy, and a home exercise program. Medical records from 2013 were reviewed and showed constant bilateral shoulder pain grade 10/10. Physical examination of the left shoulder revealed mild atrophy, limitation of motion in all planes and tenderness over the bicipital groove. Speed's and Hawkin's tests were positive. The patient was prescribed with topical medications to reduce pain and oral medication intake on August 2013, and the patient was referred to a pain management specialist. The patient was not dispensed with any oral pain medication, however it was not clear when the intake of medications were discontinued. A progress report on October 22, 2013 stated that the patient was taking Vicodin 10/325mg concurrently with Norco 10/325mg or 10/500mg for a prolonged period of time hence the referral to a pain management specialist. A utilization review dated December 9, 2013 denied the requests for Terocin 240mL, Flurbi 180, Gabacyclotram 180 , Laxacin #, and Vicodin. The request for Somnicin #30 was modified to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 240 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, page 112 states that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, the MTUS Chronic Pain Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, page 105 states that salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient has been using Terocin since 2013. Terocin contains several ingredients that are not recommended. There is no discussion in the medical records provided for review concerning the need for variance from the Guidelines. Therefore, the request for Terocin is not medically necessary.

FLURBI 180: Upheld

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

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

Decision rationale: As stated on pages 111-113 in the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs are recommended for short-term use (4-12 weeks) for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient complains of chronic bilateral shoulder pain. The MTUS Chronic Pain Guidelines does not recommend topical NSAIDs for the treatment of shoulder pain. Furthermore, there is no documentation regarding intolerance to the oral preparation of NSAIDs that would necessitate a topical preparation. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. Therefore, the request for Flurbi 180 is not medically necessary and appropriate.

LAXACIN #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As stated on page 77 of the MTUS Chronic Pain Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. Laxacin is a laxative. In this case, the patient was not dispensed with any oral pain medication and was instead prescribed with topical medications on August 2013 due to prolonged opioid intake prompting referral to a pain management specialist. However, it was not clear when the intake of oral pain medications, including opioids, was discontinued. Since there is no evidence of current opioid intake, the request for Laxacin is not medically necessary and appropriate.

SOMNICIN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, section on Insomnia Treatment.

Decision rationale: Somnicin is a proprietary blend which contains melatonin. The ODG states that melatonin is used as a treatment for insomnia. In this case, there is no documentation in the medical records provided for review regarding sleep problems in this patient. Therefore, the request for Somnicin #30 is not medically necessary.

GABACYCLOTRAM 180: Upheld

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

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

Decision rationale: Gabacyclotram 180 gms contains 3 active ingredients: Gabapentin in a 10% formulation, Cyclobenzaparine in a 6% formulation, and Tramadol in a 10% formulation. According to the MTUS Chronic Pain Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Page 113 of the MTUS Chronic Pain Guidelines states that Gabapentin is not recommended for use as a topical analgesic. Likewise, Cyclobenzaparine has no evidence for use as a topical product. Tramadol is indicated for moderate to severe pain. In this case, the patient is complaining of chronic bilateral shoulder pain and was prescribed with topical analgesics to reduce pain and oral medication intake. However, Gabacyclotram contains drug classes that are not recommended

such as Gabapentin and Cyclobenzaprine. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Gabacyclotram 180 is not medically necessary.

VICODIN 10/500 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78-81.

Decision rationale: Page 78 of the MTUS Chronic Pain Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, a progress report on October 22, 2013 stated that the patient was taking Vicodin 10/325mg concurrently with Norco 10/325mg or 10/500mg for a prolonged period of time however the duration and frequency of intake were not discussed. Medical records provided for review did not show any documentation of objective functional gains from the use of this medication such as improved ability to perform activities of daily living or improved pain scores. Therefore, the request for Vicodin 10/500mg is not medically necessary.