

Case Number:	CM13-0071026		
Date Assigned:	01/08/2014	Date of Injury:	02/17/2009
Decision Date:	06/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine 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 has filed a claim for neck sprain/strain associated with an industrial injury of February 17, 2009. Thus far, the patient has been treated with NSAIDs, gabapentin, omeprazole, compounded topical medications, Somnicin, Genicin, .Toradol injection, B12 injection, acupuncture, cortisone injection to the left shoulder, lumbar epidural steroid injections. The patient has had left shoulder arthroscopic surgery with distal clavicle resection and decompression in 2012 with post-operative physical therapy with noted significant improvement. Review of progress notes reports moderate cervical, lumbar, and left shoulder pain with repetitive motion or prolonged position. Cervical pain radiates to the left upper extremity, and the left shoulder pain radiates to the wrist and hand. Findings include tenderness and decreased range of motion of the cervical and lumbar region and left shoulder, hypesthesia over the left L5-S1 distribution, decreased motor strength of the left C5-6, C6-7, and L4-5, decreased reflexes of the right upper extremity and bilateral lower extremities, and hyperreflexia of the left upper extremity. Patient also has constant left-sided headaches. There is note of cervical MRI results of disc protrusions from C3-7, and lumbar MRI results of disc protrusions from L2-5 and stenosis at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient has been on this medication since at least May 2013. The patient has been on NSAID therapy with Naproxen at 550mg. There is however no documentation regarding any adverse GI symptoms in this patient. Therefore, the request for omeprazole 20mg was not medically necessary per the guideline recommendations of MTUS and FDA.

TEROCIN PAIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Salicylates, Topical Analgesics, Page(s): 28, 105, 111-112.

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. California MTUS chronic pain medical treatment guidelines page 111 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, CA MTUS Chronic Pain Medical Treatment Guidelines on 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, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. The patient has been on this medication since July 2013. The patient has been on this medication since July 2013. There is no documentation regarding intolerance to oral medications or a rationale for compounded topical medications. There is no documentation regarding benefits derived from this medication and no rationale as to why a combination of topical medications is necessary. Also, certain compounds of Terocin are not recommended. Therefore, the request for Terocin pain patches was not medically necessary per the guideline recommendations of MTUS.

COMPOUNDED TEROCIN LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Salicylates, Topical Analgesics Page(s): 28, 105, 111-112..

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. California MTUS chronic pain medical treatment guidelines page 111 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, CA MTUS Chronic Pain Medical Treatment Guidelines on 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, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. The patient has been on this medication since July 2013. There is no documentation regarding intolerance to oral medications or a rationale for compounded topical medications. There is no documentation regarding benefits derived from this medication and no rationale as to why a combination of topical medications is necessary. Also, certain compounds of Terocin are not recommended. Therefore, the request for Terocin pain patches was not medically necessary per the guideline recommendations of MTUS.

COMPOUNDED FLURBIPROFEN: Upheld

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: As noted on pages 111-113 in the California MTUS chronic pain medical treatment guidelines, there is little to no research as for the use of flurbiprofen in compounded products. CA MTUS does not support Flurbiprofen as a topical NSAID. The patient has been on this medication since July 2013. There is no documentation regarding intolerance to oral medications or a rationale for compounded topical medications. In addition, there is not enough evidence to support use of flurbiprofen in topical preparations. Therefore, the request for compounded flurbiprofen was not medically necessary per the guideline recommendations of MTUS.

COMPOUNDED GABACYCLOTRAM: Upheld

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 CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Likewise, cyclobenzaprine has no evidence for use as a topical product. Tramadol is indicated for moderate to severe pain. The patient has been on this medication since July 2013. There is no documentation regarding intolerance to oral medications. In addition, certain compounds of gabacyclotram are not recommended for topical use. Therefore, the request for compounded gabacyclotram was not medically necessary per the guideline recommendations of MTUS.

COMPOUNDED SOMNICIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Somnicin is a proprietary blend, which contains melatonin. CA MTUS does not specifically address this topic. ODG Insomnia Treatment states that melatonin is used as a treatment for insomnia. The patient has been on this medication since July 2013 to treat insomnia, anxiety, and for muscle relaxation. However, there is no documentation regarding insomnia or sleep issues in this patient. Therefore, the request for compounded Somnicin was not medically necessary per the guideline recommendations of ODG.