

Case Number:	CM13-0071384		
Date Assigned:	01/08/2014	Date of Injury:	03/03/2005
Decision Date:	06/05/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/27/2013

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 is a [REDACTED] employee who has filed a claim for internal derangement of the knee associated with an industrial injury date of March 03, 2005. Thus far, the patient has been treated with acupuncture, physical therapy, chiropractic therapy, NSAIDs, muscle relaxants, opioids, topical compounds, right knee arthroscopy on June 11, 2011, and bilateral knee cortisone injections. Review of progress notes indicates bilateral knee pain with tenderness and mild decrease in range of motion. Latest progress report submitted was dated June 25, 2013. Utilization review dated December 12, 2013 indicates that the claims administrator denied the requests for Genicin as body part being treated was not specified; Terocin lotion and gabacyclotram as they are not recommended for use; and Flurbi (NAP) as there is no documentation that patient cannot tolerate oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENICIN 500MG CAPSULE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Page 50 of CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Patient has been on this supplement since at least June 2013. However, there is no documentation of any symptomatic or functional improvement with the use of Genicin. Therefore, per the guideline the request for Genicin 500mg capsule is not medically necessary.

NEW TEROGIN LOTION 120 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-112.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Salicylate topicals.

Decision rationale: New Terocin contains 3 active ingredients; Capsaicin in a 0.025% 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 Menthol component, CA MTUS 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, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Patient has been on several topical compounds since June 2013. There is no documentation regarding benefits derived from these topical compounds. Also, use of this medication is not recommended. Therefore, per the guidelines of MTUS and ODG, the request for New Terocin lotion 120 grams is not medically necessary.

GABACYCLOTRAM 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. There is no indication for a need for multiple topical

compound medications in this patient. Also, this medication contains drugs that are not recommended for topical use. Therefore, per guidelines the request for gabacyclotram 180 is not medically necessary.

FLURBI (NAP) CREAM - LA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

Decision rationale: FLURBI (NAP) cream is composed of flurbiprofen 20%, lidocaine 5%, and amitriptyline 4%. According to ODG, topical NSAIDs are recommended for short-term use for soft-tissue injuries for individuals unable to tolerate oral administration. The California MTUS supports a limited list of NSAID topicals, which does not include Flurbiprofen. Regarding Lidocaine 5%, CA MTUS states that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gel) are indicated for neuropathic pain. Regarding Amitriptyline 4%, CA MTUS recommended that Amitriptyline, which is a tricyclic drug, is effective for fibromyalgia, however more information is needed regarding the role of this medication in topical formulation. In this case, patient has been on this medication since June 2013. There is no documentation that she is unable to tolerate oral medications. There is no clear rationale for the necessity of another compounded topical medication for this patient. Therefore, the request for Flurbi (NAP) cream - LA is not medically necessary.