MAXIMUS Federal Services

Case Number:	CM14-0004715		
Date Assigned:	04/04/2014	Date of Injury:	07/30/2012
Decision Date:	07/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 46 year old who was injured on 7/30/2012. The diagnoses listed are cervical strain, thoracic strain, lumbar radiculitis, bilateral shoulder pain and foot pain. There are associated diagnoses of depression and insomnia. On 11/23/2013, [redacted] noted that the patient did not have any changes in symptoms or objective findings. There were subjective complaints of numbness and tingling with a pain score of 7/10. The MRI showed degenerative changes of the lumbar spine. The medications are Norco, ibuprofen and the compound creams for pain and Norflex for muscle spasm. The patient had previously been treated with epidural steroid injections. A Utilization Review was rendered on 12/30/2013 recommending denial of Genicin 500mg #90, Flurbi (NAP) Cream and Compound Gabacyclotram Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE GENICIN 500MG CAPSULE #90, 30 DAY SUPPLY, DOS: 8/12/13: 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: The CA MTUS addressed the use of oral glucosamine in the management of arthritic pain. Genicin is an oral formulation of glucosamine. Oral glucosamine preparations have been utilized as supplements for disease modification in mild to moderate medium joints arthritis. There are no standadized medical studies that have shown qualitative evidence of significant arthritis modifying effects of oral glucosamine preparations. There is no data showing beneficial effects of oral glucosamine on patients with cervical, thoracic and lumbar spine degenerative disc disease. The request is not medically necessary and appropriate.

RETROSPECTIVE FLURBI (NAP) CREAM-LA COMPOUND FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE/LIPODERM #180, 20 DAY SUPPLY, DOS: 8/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agent. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC): http://odg-twc.com/odgtwc/pain.html#Topicalanalgesics.

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The guidelines recommends that topical preparations be tried and evaluated individually for efficacy. The Flurbi(NAP) cream-LA compound contains flurbiprofen, lidocaine, amitriptyline and lipoderm. There is no data supporting the use of flurbiprofen and amitriptyline in topical formulation for the treatment of neuropathic or musculoskeletal pain. The guideline does not recommend the use of topical lidocaine in any other formulation other than as Lidoderm patch. The request is not medically necessary and appropriate.

RETROSPECTIVE GABACYCLOTRAM COMPOUND GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10%, LIPODERM #180, 20 DAY SUPPLY, DOS: 8/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC): http://odg-twc.com/odgtwc/pain.html#Topicalanalgesics.

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The guideline does not support the use of topical analgesic preparations for the treatment of arthritis or myofascial pain

syndrome. The guideline recommends that topical medications be tried and evaluated individually for efficacy. The Gabacyclotram compound cream contains gabapentin 10%, cyclobenzaprine 6%, tramadol 10% in Lipoderm base. There is no data supporting the use of topical formulations of gabapentin, cyclobenzaprine or tramadol in the treatment of neuropathic pain or arthtritis. There is lack of guideline support for the use of topical lidocaine in any other formulation other than on Lidoderm patch. The request is not medically necessary and appropriate.