

Case Number:	CM14-0005799		
Date Assigned:	02/05/2014	Date of Injury:	09/30/2010
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This patient sustained an industrial injury on 09/30/2010. The mechanism of injury is listed as continuous trauma secondary to a work station that was reportedly not ergonomically correct. A prior utilization review performed on 12/18/13 non-certified compounded topical creams (Flur/Cyclo/Caps/Lid and Keto/Lido/Cap/Tram) and Terocin patches, noting that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. There is no documentation of intolerance to oral pain medications or failure of trials a first line recommendation such as oral antidepressants and anticonvulsants. A request for Ondansetron was not uncertified, lacking documentation of current complaints of nausea or vomiting to support the necessity for antiemetic medication. Progress note dated December 10, 2013, the patient reported persistent pain in the neck that radiates to the upper extremities with numbness and tingling, as well as shoulder pain and left wrist pain with numbness and tingling. On physical examination, there was tenderness of the cervical paravertebral muscles and upper trapezius muscles with spasm. Axial loading compression test and Spurling's maneuvers were positive. There is painful restricted cervical range of motion and dysesthesia at C6 and C7 dermatomes. Bilateral shoulder exam revealed tenderness at the shoulders anteriorly and subacromial space with positive impingement and Hawkins sign. There was pain with terminal motion. Right wrist revealed pain with terminal flexion. Left wrist revealed positive Tinel sign and pain with terminal flexion as well as dysesthesia at the radial digits. Lumbar spine revealed tenderness from the mid to distal lumbar segment, pain with terminal motion, and positive seated nerve root test. Diagnoses were cervical discopathy/radiculopathy, bilateral shoulder impingement rule out rotator cuff pathology, status post right carpal tunnel release, left carpal tunnel syndrome/double crush, and lumbar discopathy. Patient was given intramuscular

injections of Toradol and vitamin B-12. It was noted the patient could continue working modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS/LID: Upheld

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

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

Decision rationale: When assessing the medical necessity of topical medications, MTUS is utilized, which notes that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the medical necessity of topical agents. Furthermore, the requested formulation contains agents that have no proven efficacy in topical application (Cyclobenzaprine). Guidelines state "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The current request does not specify dose, quantity, or frequency. Therefore, based on a review of the medical records and guideline recommendations, the request for Flur/Cyclo/Caps/Lid is not medically necessary and appropriate.

KETO/LIDO/CAP/TRAM: Upheld

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

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

Decision rationale: When assessing the medical necessity of topical medications, MTUS is utilized, which notes that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the medical necessity of topical agents. Furthermore, the requested formulation contains agents that have no proven efficacy in topical application (Cyclobenzaprine). There is no evidence in support of topical application of Tramadol as being safe and effective treatment. The current request does not specify dose, quantity, or frequency. Therefore, based on a review of the medical records

and guideline recommendations, the request for Keto/Lido/Cap/Tram is not medically necessary and appropriate.

ONDANSETRON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Mosby's Drug Consult.

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

Decision rationale: The CA MTUS indicates not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is indicated to prevent nausea and vomiting that may be caused by surgery or by medicine to treat cancer (chemotherapy or radiation). Documentation does not describe recent surgery or treatment for cancer, nor is there a recent description of symptoms of nausea or vomiting to support the need for antiemetics. The current request does not specify dose, quantity, or frequency. Therefore, the request for Ondansetron is not medically necessary and appropriate.

TEROCIN PATCHES: Upheld

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

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

Decision rationale: When assessing the medical necessity of topical medications, MTUS is utilized, which notes that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the medical necessity of use of topical agents. Terocin patch contains lidocaine, which, per CA MTUS is only supported for use in the form of Lidoderm patch. There is no description of intolerance to oral medications noted. The current request does not specify dose, quantity, or frequency. Therefore, the request for Terocin patches is not medically necessary and appropriate.