

Case Number:	CM14-0008107		
Date Assigned:	02/12/2014	Date of Injury:	03/29/2012
Decision Date:	08/05/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 54-year-old female who has filed a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of March 29, 2012. Review of progress notes indicates mid thoracic and low back pain radiating into the right leg, associated with weakness and numbness of the right leg. Findings include pain upon movement, positive straight leg raise test bilaterally, decreased sensation over the L4-5 dermatomes, and decreased motor strength of the left leg. A lumbar MRI dated June 28, 2013 showed L4-5 disc protrusion with moderate bilateral facet joint arthropathy and neuroforaminal encroachment with potential for impingement on exiting L4 nerves, and L5-S1 disc protrusion with mild bilateral facet arthropathy. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, and lumbar epidural steroid injections. Utilization review from January 10, 2014 denied the retrospective request for Terocin patch as this is not clearly indicated for chronic pain; Genicin as there was no documentation supporting the indication for this medication, and also of intolerance to or failure of oral first-line medications; Flurbi (nap) cream-LA as flurbiprofen is not approved for topical application; and Gaba/Cyclo/Tram as use of topical Gabapentin or Cyclobenzaprine is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TEROGIN PATCH, DURATION AND FREQUENCY UNKNOWN, DOS: 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to the MTUS Chronic Pain Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, the ODG 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. In this case, the documentation does not indicate previous use of first-line therapy. Also, the requested quantity is not specified. As such, the request is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR GENICIN, DURATION AND FREQUENCY UNKNOWN, DOS: 8/29/13: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines 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. In this case, there is no indication for the use of this medication as the patient presents with lumbar disc disease, and not arthritis. The requested quantity is not specified. Therefore, the retrospective request for Genicin (08/29/2013) is not medically necessary.

RETROSPECTIVE REQUEST FOR FLURBI(NAP) CREAM-LA, DURATION AND FREQUENCY UNKNOWN, DOS: 8/29/13: 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 MTUS Chronic Pain Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. In this case, there is no documentation as to failure of or intolerance to oral pain medications. Also, there is no

discussion regarding variance from the guidelines. As such, the request is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR COMPOUND

GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL, DOS: 8/29/13: 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 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. 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 guideline recommendation regarding topical preparation of tramadol. There is no documentation that this patient is intolerant to, or has failed first-line pain medications. Also, the components of this medication are not supported for topical application. Therefore, the request is not medically necessary.