

Case Number:	CM14-0013616		
Date Assigned:	02/26/2014	Date of Injury:	02/17/2009
Decision Date:	07/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/03/2014

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 56-year-old female who has submitted a claim for neck sprain / strain, lumbar radiculitis, status post left shoulder surgery, left wrist sprain / strain, left carpal tunnel syndrome, osteoarthritis, diabetes, and hypertension associated with an industrial injury date of 02/17/2009. Medical records from 2012 to 2013 were reviewed. The patient complained of pain at the neck, low back, left shoulder, and left wrist graded 5-6/10 in severity. Physical examination showed tenderness and muscle spasms at the cervical and lumbar spine. Range of motion was restricted at cervical, left shoulder, and lumbar spine. Impingement and supraspinatus tests were positive on the left. The treatment to date has included left shoulder surgery in December 2012, physical therapy, IM Toradol injection, shockwave therapy, and medications such as Genicin, Somnicin, Naproxen, and topical products. Utilization review from 01/03/2014 denied the retrospective requests for Terocin, Flur/Lido/Amit, and Gaba/Cyclo/Tram because of its limited published efficacy and safety for use. Genicin was denied because there was no evidence of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION (DOS: 8/9/13): TEROGIN, DURATION AND FREQUENCY UNKNOWN, DISPENSED FOR LEFT SHOULDER, CERVICAL SPINE AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylate.

Decision rationale: Terocin lotion contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Regarding the Capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that Capsaicin in a 0.0375% formulation is not recommended for topical applications. Regarding the Lidocaine component, California 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. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, California 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. In this case, patient has persistent neck, left shoulder, and low back pain despite multiple oral analgesics. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use. Furthermore, there is no discussion concerning the need for multiple topical analgesics in this case. Therefore, the retrospective request for medication Terocin, duration and frequency unknown, dispensed for left shoulder, cervical spine and low back was not medically necessary.

RETROSPECTIVE MEDICATION (DOS: 8/9/13): GENICIN DURATION AND FREQUENCY UNKNOWN, DISPENSED FOR LEFT SHOULDER, CERVICAL SPINE AND LOW BACK: Upheld

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

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

Decision rationale: California 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, patient was prescribed Genicin since 2012 for osteoarthritis. However, there is no documentation concerning pain relief and functional improvement derived from its use. The requested quantity is likewise not specified. Therefore, the retrospective request for medication Genicin duration and frequency unknown, dispensed for left shoulder, cervical spine and low back was not medically necessary.

RETROSPECTIVE MEDICATION (DOS: 8/9/13): FLUR/LIDO/AMIT DURATION AND FREQUENCY UNKNOWN, DISPENSED FOR LEFT SHOULDER, CERVICAL SPINE AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, patient has persistent neck, left shoulder, and low back pain despite multiple oral analgesics. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use. Furthermore, there is no discussion concerning the need for multiple topical analgesics in this case. Therefore, the retrospective request for medication Flur/Lido/Amit duration and frequency unknown, dispensed for left shoulder, cervical spine and low back was not medically necessary.

RETROSPECTIVE MEDICATION (DOS: 8/9/13): GABA/CYCL/TRAM DURATION AND FREQUENCY UNKNOWN, DISPENSED FOR LEFT SHOULDER, CERVICAL SPINE AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: According to California 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. In this case, patient has been on a topical compounded product since 2012. However, there is no documentation concerning pain relief and functional improvement derived from its use. There is likewise no discussion concerning the need for multiple topical analgesics in this case. Components of this medication are not recommended for topical use. Therefore, the retrospective request for medication Gaba/Cycl/Tram duration and frequency unknown, dispensed for left shoulder, cervical spine and low back was not medically necessary.