

Case Number:	CM14-0015324		
Date Assigned:	02/28/2014	Date of Injury:	09/13/2011
Decision Date:	06/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation 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 52-year-old female who was injured on 09/09/2011. She twisted her back while she working. Prior treatment history has included therapeutic epidural administration on 02/22/2013 and a C7-T1 interlaminar epidural steroid injection with catheter on 06/21/2013. Neurological QME dated 11/19/2013 documents the patient presents with complaints of anxiety/depression; sleep complaints; headache; left shoulder area pain; low back pain radiating to the left lower extremity; bilateral inguinal groin pain; left arm and digits one through four pain; stiffness and paresthesias; right second and third digit pain with stiffness and paresthesias; possible high blood pressure which physicians told her was due to the injury; bilateral knee pain and swelling; and constipation. She takes tramadol, Zolpidem, Doc-Q-Lace, Hydrocodone, and Tizanidine, Centrum, Theramine, Gabadone, and omeprazole. On examination of the cervical spine, there is diffuse paraspinal tenderness. The lumbar spine is nontender; however, there is moderate left greater than right local sacroiliac notch tenderness. The tightest straight leg raising is 50 degrees. According to the AMA guidelines, the lumbar spine testing is invalid. The diagnoses are lumbar spine degenerative disease without confirmed lumbar radiculopathy. There is no neurologic injury or impairment for sleep, head, headache, neck, left shoulder, upper extremities, waist, left hip, left lower extremity, hypertension, GERD, and stomach; Likely prominent psychiatric disorder to be evaluated by psychiatrist, likely contributing to complaints of pain and insomnia. Prior UR dated 01/07/2014 states the request for Terocin 240ml: capsaicin 0.025%-methyl salicylate 5%-menthol 10%-lidocaine 2.5%, flurbi (nap) cream la 180gms: flurbiprofen 20%-lidocaine 5%-amitriptyline 4%, and flurbi (nap) cream la 180gms: flurbiprofen 20%-lidocaine 5%-amitriptyline 4% is non-certified as they are not recommended for topical applications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 240ML: CAPSAICIN 0.025%-METHYL SALICYLATE 5%-MENTHOL 10%-LIDOCAINE 2.5%: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are tolerant to other treatments, neither of which is documented in this patient. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

FLURBI (NAP) CREAM LA 180GMS: FLURBIPROFEN 20%-LIDOCAINE 5%-AMITRIPTYLINE 4%: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. According to the CA MTUS guidelines, amitriptyline is not recommended for topical application and there is no peer-reviewed literature to support its use. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

GABACYCLOTRAM CREAM 180GMS GABAPENTIN 10%-CYCLOBENZAPRI:
Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.