

Case Number:	CM14-0016984		
Date Assigned:	03/07/2014	Date of Injury:	04/27/2008
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

According to report dated 10/18/2013 by [REDACTED], the patient presents with constant right shoulder pain rated as 8/10. The patient also notes constant bilateral wrist and hand pain with numbness and tingling. Examination of the right shoulder revealed decreased range of motion on all planes. The treating physician states the patient's condition has established the need for compounded topical medications. He is requesting Terocin cream, Flurbi cream, and Gabacyclotram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDS DISPENSED 10/10/13: TEROGIN (CAPSAICIN 0.025%/ METHYL SALICYLATE 25%/ MENTHOL 10%/ LIDOCAINE 2.5%)-APPLY THIN LAYER 3-4 TIMES A DAY, #240ML.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL CREAMS, 111

Decision rationale: This patient presents with right shoulder and bilateral wrist and hand pain. The treating physician is requesting Terocin lotion. Terocin lotion contains capsaicin, methyl salicylate, menthol, and lidocaine. Terocin topical cream contains capsaicin, methyl salicylate, menthol, and lidocaine. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The request is not medically necessary.

FLURBI (NAP) CREAM-LA (FLURBIPROFEN 20%/ LIDOCAINE 5%/ AMITRIPTYLINE 4%), 2-3 TIMES PER DAY, APPLY THIN LAYER AREA 3 TO 4 TIMES A DAY, #180GRAMS DISPENSED 10/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL CREAMS, 111

Decision rationale: This patient presents with right shoulder and bilateral wrist and hand pain. The treating physician is requesting Flurbi NAP cream. Flurbi cream contains Flurbiprofen 20%, lidocaine 5%, and amitriptyline 4%. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. The request is not medically necessary.

GABACYCLOTRAM (GABAPENTIN 10%/ CYLCOBENZAPRINE 6%/ TRAMADOL 10%), APPLY A THIN LAYER TO AFFECTED AREA 3 TO 4 TIMES A DAY, #180GRAMS DISPENSED 10/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL CREAMS, 111

Decision rationale: This patient presents with right shoulder and bilateral wrist and hand pain. The treating physician is requesting is Gabacyclotram cream. Gabacyclotram cream contains Gabapentin 10%, Cyclobenzaprine 6%, and tramadol 10%. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Gabapentin is not recommended as a topical formulation. The request is not medically necessary.