

Case Number:	CM14-0112412		
Date Assigned:	08/01/2014	Date of Injury:	01/22/2013
Decision Date:	10/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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:

The patient is a 26 years old male with an injury date on 01/22/2013. Based on the 06/07/2013 Doctor's First report provided by [REDACTED], the diagnoses are: 1. Cervical strain.2. Thoracic strain.3. Lumbar strain, rule out disc herniation.4. Lumbosacral radiculitis.5. Strain-bilateral knee. According to this report, the patient complains of low back pain, pain and tingling throughout both lower extremities, mid back pain, neck pain, pain in the bilateral knee, sleep disturbance, depression, and anxiety. Ranges of motion of the cervical and lumbar spine are decreased. Muscular guarding is present throughout the paracervical, parathoracic, and paralumbar musculature. Cervical foraminal compression, Jackson compression, Soto-Hall, Kemp's, Milgram's, Minor's and Lasegue's test are positive. Palpation of the bilateral knee elicits pain and tenderness. There were no other significant findings noted on this report. The utilization review denied the request on 06/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/07/2013 to 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch, quantity 30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Page(s): 57,105 and 111.

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

Decision rationale: According to the 06/07/2013 report by [REDACTED] this patient presents with low back pain, mid back pain, neck pain, pain in both knee, sleep disturbance, depression, and anxiety. The treating physician is requesting Terocin patch Qty: 30. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. Terocin patch was first noted in the 04/17/2014 report. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized. This patient does not present with such pain. The patient has diffused radiating radicular pain. Therefore, this request is not medically necessary.

Flurbiprofen (naproxen) cream LA, Quantity 180 grams.: Upheld

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

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

Decision rationale: According to the 06/07/2013 report by [REDACTED] this patient presents with low back pain, mid back pain, neck pain, pain in both knee, sleep disturbance, depression, and anxiety. The treating physician is requesting Flurbiprofen (naproxen) cream LA, Qty: 180 grams. Flurbi cream contains Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 4%. Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable 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. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 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." Therefore, this request is not medically necessary.

Gabapentin 10% cyclobenzaprine 6%, Tramadol 10% Lipoderm base, quantity 180 grams.: Upheld

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

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

Decision rationale: According to the 06/07/2013 report by [REDACTED] this patient presents with low back pain, mid back pain, neck pain, pain in both knee, sleep disturbance, depression, and anxiety. The treating physician is requesting Gabapentin 10% Cyclobenzaprine 6%,

Tramadol 10% Lipoderm; qty: 180 grams. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, all 3 compounds are not recommended for topical formulation. Therefore, this request is not medically necessary.