

Case Number:	CM14-0126976		
Date Assigned:	08/13/2014	Date of Injury:	08/07/2010
Decision Date:	09/25/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 68-year-old female with an injury date of 08/07/10. The 06/10/14 progress report by [REDACTED] states the patient presents with "epigastric" pain and discomfort. The patient states she gets a lot of help from the creams and transdermal. The 03/28/14 QME report states the patient presents with pain from the back of the neck to the middle back rated 6/10, and the patient had experienced nausea and acid reflux when taking orthopedic medications previously. The 06/10/14 examination revealed no positive observations. On 06/10/14 the provider notes the patient is improving. The patient's diagnosis is: Other specified gastritis. The 06/10/14 report lists medications as Nizatidine and Theramine. The provider notes giving Omeprazole. The utilization review being challenged is dated 07/24/14. Treatments from report of 02/11/14 to 06/17/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram compound cream 180gm RETRO 08/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient presents with gastritis, neck pain and middle back pain. The provider requests for Gabacyclotram compound cream 180 gm retrospective. It is unknown if the patient is still using this medication. MTUS pain medication guidelines and ODG do not reference this medication, and on line research reveals no information about the ingredients. MTUS guidelines page 111 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This product contains Gabapentin and Cyclobenzaprine that are not recommended for topical use. The request for Gabacyclotram compound cream 180gm RETRO 08/26/2013 is not medically necessary and appropriate.

Terocin Patch QTY 30.00 RETRO 08/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The patient presents with gastritis, neck pain and middle back pain. The provider requests for Terocin patch Qty 30.00 retrospective. Per the reports provided, it is unknown if the patient is still using this medication. Terocin contains Methyl Salicylate, Capsaicin, Lidocaine and Menthol. The MTUS guidelines page 112 on topical lidocaine states, "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)." Salicylate, an NSAID is indicated for peripheral joint arthritis/tendinitis. This patient does not present with localized peripheral pain that is neuropathic, and there is no diagnosis of peripheral joint arthritis/tendinitis. The request for Terocin Patch QTY 30.00 RETRO 08/26/2013 is not medically necessary and appropriate.

FlurbiNap Cream 180gm RETRO 08/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient presents with gastritis, neck pain and middle back pain. The provider requests for Flurbinap cream 180 gm retrospective. The reports provided do not indicate if the patient is still using this medication. Flurbinap contains Flurbiprofen (an NSAID). MTUS guidelines pages 111, 112 state that NSAIDs are effective for peripheral joint arthritis/tendinitis. In this case the patient does not have a diagnosis for this condition. The request for FlurbiNap Cream 180gm RETRO 08/26/2013 is not medically necessary and appropriate.

Terocin Lotion 240ml QTY 1.00 RETRO 08/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Page(s): 112.

Decision rationale: The patient presents with gastritis, neck pain and middle back pain. The provider requests for Terocin lotion 240 ml qty 1 retrospective. It is unknown if the patient is still using this medication. The 02/11/14 report notes that the patient continues with unspecified creams. Terocin contains methyl salicylate, capsaicin, lidocaine and menthol. MTUS guidelines, page 112, state that lidocaine is recommended only for the patch formulation. It is not a recommended formulation for topical lotions, creams or ointments. Therefore, request for Terocin Lotion 240ml QTY 1.00 RETRO 08/26/2013 is not medically necessary and appropriate.

Gabaclotram compound cream 180gm RETRO 07/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient presents with gastritis, neck pain and middle back pain. The provider requests for Gabaclotram compound cream 180 gm retrospective to 07/26/13. MTUS pain medication guidelines and ODG do not reference this medication, and on line research reveals no information about the ingredients. MTUS guidelines page 111 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required". Other than the general statement that the patient receives help from creams and transdermal, there is no discussion in the reports provided of the efficacy or use of this medication. Furthermore, it is unknown if this compounded product contains a drug or drug class that is not recommended. The request for Gabaclotram compound cream 180gm RETRO 07/26/2013 is not medically necessary and appropriate.

FlurbiNap cream 180gm RETRO 07/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient presents with gastritis, neck pain and middle back pain. The provider requests for Flurbinap cream 180 gm retrospective. The reports provided do not indicate if the patient is still using this medication. Flurbinap contains Flurbiprofen (an NSAID). MTUS guidelines pages 111, 112 state that NSAIDs are effective for peripheral joint arthritis/tendinitis. In this case the patient does not have a diagnosis for this condition. The request for FlurbiNap cream 180gm RETRO 07/26/2013 is not medically necessary and appropriate.

Genicin 500mg QTY 90.00 RETRO 07/26/2013: Upheld

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

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

Decision rationale: The patient presents with gastritis, neck pain and middle back pain. The provider requests for Genicin (Glucosamine sulfate) 500 mg. qty 90, Retrospective. MTUS guidelines page 50 states that this medication is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, there is no discussion of the use of this medication or a diagnosis of osteoarthritis in the reports provided. The request for Genicin 500mg QTY 90.00 RETRO 07/26/2013 is not medically necessary and appropriate.