

Case Number:	CM14-0156046		
Date Assigned:	09/25/2014	Date of Injury:	09/22/2006
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Pain 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:

According to the PTP PR-2 dated 5/2/2014, the patient complains of constant headaches, 8/10, constant neck pain radiating to the upper extremities with numbness and tingling, 8-9/10, constant low back pain radiating to the lower extremities, 7-8/10, constant bilateral wrist/hand pain with numbness and tingling, 7-8/10, psych-adjustment disorder. Physical examination documents limited ranges of motion of the cervical, bilateral wrists, and lumbar spine. The patient was administered combination Toradol and B12 injection to the gluteus muscle. She was given prescriptions for Tramadol 50mg #60, gabapentin 600mg #60, omeprazole 20mg #60, Ambien 10mg #30, and Norco 10/325mg #120. She was also provided topical analgesics Terocin pain patch #20, Mentherm gel #240, and xolindo 2% cream. She was also provided Terocin 120ml, flurbiprofen (NAP) cream, gabacyclotram, Genicin, Somnicin. EMG/NCV of the upper extremities is ordered to confirm radiculopathy. A UDS was administered. A psychological evaluation and TENS unit trial are also requested. The 8/28/2014 EMG/NCV of the bilateral upper extremities reveals a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Flurbiprofen (NAP) Cream-LA 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

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 are an option with specific indications, many agents are compounded as mono-therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. According to the guidelines, topical application of an NSAID, such as flurbiprofen, may be indicated for short duration use, for osteoarthritis of joints that are amenable to topical treatment. However, there is little evidence to utilize topical NSAIDs for treatment of the spine. Furthermore, topical lidocaine is only recommended as an option for neuropathic pain having failed first-line therapies, however this patient does not have diabetic neuropathy or post-herpetic neuropathic pain. The patient tolerates oral medications, which are considered standard care. The request for 1 Flurbiprofen (NAP) Cream-LA 180gm is not medically necessary.

Gabacyclotram 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MTUS guidelines, Gabapentin is not recommended in topical formulations. There is no support to use gabapentin in a topical form. There is no peer-reviewed literature to support use. Cyclobenzaprine is a central muscle relaxant which is also not recommended as there is no evidence of using any other muscle relaxant as a topical product. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore this topical compound is not medically necessary according to the guidelines. The request for Gabacyclotram 180gm is not medically necessary.

Genicin Cap #90: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records document the patient is diagnosed with headache, cervical

radiculopathy, lumbar radiculopathy, bilateral wrist/hand internal derangement, adjustment disorder. The medical records do not establish the existence of moderate OA pain. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request for Genicin Cap #90 is not medically necessary.

Somnicin Cap #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food; Insomnia treatment

Decision rationale: According to the referenced literature, this is a product contains Melatonin, 5-HTP, L-tryptophan, Vitamin B6 and Magnesium, "This particular drug aims to cure certain conditions like insomnia, anxiety and depression." This product is not recognized by the FDA. The medical records do not establish the patient has a medical condition that necessitates this product as treatment. In reference to the Official Disability Guidelines, Somnicin is not recommended as it does not meet the criteria set by the guidelines. The medical records do not establish this patient has a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. The medical records do not establish this product is labeled as intended for the specific dietary management of a disorder, disease or condition for which a distinctive nutritional requirement exists, and has been established by a medical evaluation. The medical necessity of Somnicin is not established. The request for Somnicin Cap #30 is not medically necessary.

Terocin 240ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, Lidocaine is recommended for neuropathic pain, 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. The medical do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Furthermore, Capsaicin is appropriate and medically necessary for patients that are intolerant to first-line therapies, which is not the case for this patient. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this compounded topical product is appropriate and medically necessary. The request for Terocin 240ml is not medically necessary.

Terocin Path #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, Lidocaine is recommended for neuropathic pain, 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). The medical do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Furthermore, Capsaicin is appropriate and medically necessary for patients that are intolerant to first-line therapies, which is not the case for this patient. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this compounded topical product is appropriate and medically necessary. The request for Terocin Path #20 is not medically necessary.

Menthoderm Gel #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical analgesicspage(s) Page(s): 105, 111-113.

Decision rationale: According to the CA MTUS guidelines, topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The patient was dispensed a compounded topical product that is not an OTC brand, such a Ben-gay, which is recommended. Only FDA-approved products are currently recommended. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not establish the existence of neuropathic pain and failure of accepted standard first trial measures. In addition, the medical records do not establish this patient is unable to tolerate standard oral analgesics. The medical records do not establish Menthoderm gel is appropriate and medically necessary. The request for Menthoderm Gel #240 is not medically necessary.

Xolido 2% Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as mono-therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Lidocaine is recommended for neuropathic pain, 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. The medical do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish Xolido 2% cream is appropriate and medically necessary. The request for Xolido 2% Cream is not medically necessary.