

Case Number:	CM14-0164620		
Date Assigned:	10/09/2014	Date of Injury:	08/09/2012
Decision Date:	11/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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 records made available for review, this is a 37-year-old female with an 8/9/12 date of injury. At the time (6/21/14) of request for authorization for retrospective one (1) container of Flurbiprofen 20% between 6/21/2014 and 6/21/2014, retrospective one (1) container of Amitriptyline 10% between 6/21/2014 and 6/21/2014, and retrospective one (3) boxes of Terocin patches between 6/21/2014 and 6/21/2014, there is documentation of subjective complaints included persistent pain in the neck, left shoulder, and lower back. The objective findings include tenderness to palpation over the cervical spine, acromioclavicular joint, paracervical muscles, trapezius and supraspinatus muscles with radiation to the left shoulder on extension; decreased cervical range of motion, decreased left shoulder range of motion; and lumbar paraspinal tenderness noted in L4-L5 with decreased lumbar range of motion. The current diagnoses are cervical spine disc herniation without myelopathy, left shoulder subacromial bursitis with supraspinatus tendinosis, lumbar spine sprain/strain, and lumbar herniated disc syndrome without myelopathy. Treatment to date includes Ibuprofen and Omeprazole. Medical report identifies a request for topical compound Flurbiprofen 20%, Tramadol 20%, Cyclobenaprine 4% in cream base, 180 gm; topical compound Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in cream base, 180 gm, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one (1) container of flurbiprofen 20% between 6/21/2014 and 6/21/2014:
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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc herniation without myelopathy, left shoulder subacromial bursitis with supraspinatus tendinosis, lumbar spine sprain/strain, and lumbar herniated disc syndrome without myelopathy. In addition, there is documentation of a request for topical compound Flurbiprofen 20%, Tramadol 20%, and Cyclobenzaprine 4% in cream base, 180 gm. However, the requested compounded medication consists of at least one drug class (muscle relaxants (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.

Retrospective one (1) container of Amitriptyline 10% between 6/21/2014 and 6/21/2014:
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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc herniation without myelopathy, left shoulder subacromial bursitis with supraspinatus tendinosis, lumbar spine sprain/strain, and lumbar herniated disc syndrome without myelopathy. In addition, there is documentation of a request for topical compound Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in cream base, 180 gm. However, the requested compounded medication consists of at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.

Retrospective one (3) boxes of Terocin patches between 6/21/2014 and 6/21/2014: Upheld

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

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc herniation without myelopathy, left shoulder subacromial bursitis with supraspinatus tendinosis, lumbar spine sprain/strain, and lumbar herniated disc syndrome without myelopathy. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.