

Case Number:	CM14-0020616		
Date Assigned:	04/30/2014	Date of Injury:	05/17/2012
Decision Date:	07/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 Emergency Medicine and is licensed to practice in New York. 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 55-year-old female who was injured on May 17, 2012. The patient continued to experience low back and bilateral shoulder pain. Physical examination was notable for limited range of motion bilateral shoulders, tenderness at the right supraspinatus and tenderness left AC joint. MRI of the right shoulder reported supraspinatus tendinosis, bicep tenosynovitis, and type II SLAP tear. MRI of the left shoulder reported supraspinatus tendinosis. Diagnoses included thoracic sprain/strain, lumbar sprain/strain, and bilateral shoulder internal derangement. Treatment included medications. Requests for authorization for Terocin, flurbiprofen powder with Lidocaine, amitriptyline, and PCCA Lipoderm cream and Gabapentin, Tramadol Cyclobenzaprine with PCCA Lipoderm were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 240G: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS Page(s): 28, 105, 111-112.

Decision rationale: Terocin is a topical multidrug compound, which contains Methylsalicylate, Lidocaine, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the MTUS Guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The MTUS guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There are no guidelines present for menthol. In this case the patient received multidrug compound for medication. This medication contains drugs that are not recommended. Therefore, the request for Terocin lotion 240 g is not medically necessary and appropriate.

FLURBIPROFEN POWDER, LIDOCAINE, AMITRIPTYLINE, AND PCCA LIPODERM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS Page(s): 28, 105, 111-112.

Decision rationale: This medication is a topical analgesic containing Flurbiprofen, Lidocaine, and Amitriptyline in a PCCA Lipoderm cream. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The MTUS guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation in the medical record that the patient is suffering from post-herpetic neuralgia or that trial with antidepressant or antiepileptic medications has failed. The medication is not recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Tricyclics are not recommended as a topical agent. Lipoderm is a transdermal vehicle used as a base for topical medications. MTUS and ODG do not comment on Lidoderm. The request for Flurbiprofen Powder, Lidocaine, Amitriptyline, and Pcca Lipoderm Cream is not medically necessary and appropriate.

GABAPENTIN, CYCLOBENZAPRINE, TRAMADOL AND PCCA LIPODERM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS Page(s): 93-94, 111-112.

Decision rationale: This medication is a topical analgesic containing Gabapentin, Cyclobenzaprine, and Tramadol in a PCCA Lipoderm cream. According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the MTUS guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is an anti-epileptic drug. It is not recommended as transdermal medication. There is no peer-reviewed literature to support its use. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. Tramadol is a synthetic opioid affecting the central nervous system; it has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical medication. Lipoderm is a transdermal vehicle used as a base for topical medications. MTUS and ODG guidelines do not comment on Lidoderm. Since none of the medications in this topical analgesic is recommended, this compounded medication is not recommended. Therefore, the request for Gabapentin, Cyclobenzaprine, Tramadol and Pcca Lipoderm Cream is not medically necessary and appropriate.