

Case Number:	CM14-0022344		
Date Assigned:	05/09/2014	Date of Injury:	05/25/2013
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neurological Surgery, 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 injured worker is a 65 year old male who sustained an injury on 05/26/13 when he fell off a ladder while installing a ceiling fan. The injured worker developed complaints of both neck and low back pain. The injured worker indicated that his neck pain had resolved by September of 2013. The injured worker did have urinary drug screens from October of 2013 which showed negative results for all tested medications. The injured worker was seen on 10/17/13 for continuing complaints of neck pain radiating to the bilateral shoulders with associated numbness in the hands. The injured worker also described low back pain radiating to the left lower extremity with associated weakness. On physical examination, there was tenderness to palpation noted in the cervical spine with limited range of motion. Spurling's sign was positive to the left. A mildly positive Tinel's sign at the right wrist was noted. There was moderate tenderness to palpation in the lumbar spine. Decreased sensation in an L4 through S1 dermatomal distribution was noted. There was mild weakness on hip flexion, knee extension, and range of motion of the ankles. The injured worker was recommended for transdermal analgesics for pain as well as a trial of acupuncture and the use of an H-wave stimulator. The requested Terocin pain patch prescribed on 11/05/13 and Genicin prescribed on 11/05/13 were both denied by utilization review on 02/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TEROGIN PATCH DOS: 11/05/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal anti-inflammatory agents (NSAIDs).

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

Decision rationale: In regards to the requested Terocin pain patch, this topical analgesic contains Capsaicin and Lidoderm. Per the current evidence based guidelines, this topical analgesic is considered largely experimental and investigational. The clinical literature does not identify substantial evidence to support topical analgesics for the treatment of chronic pain. Per guidelines, Terocin patches can be considered an option in the treatment of neuropathic pain that has failed all other reasonable treatment including first line use of medications such as anticonvulsants and antidepressants. This has not been documented in the clinical record. Given the insufficient findings for failure of first line medications for neuropathic pain, this reviewer would not have recommended certification for the request. The request is not medically necessary and appropriate.

RETROSPECTIVE GENICIN DOS: 11/05/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 56-57.

Decision rationale: In regards to Genicin prescribed on 11/05/13, this reviewer would not have recommended this medication as medically necessary. Genicin is considered a medical food to address osteoarthritis. This medication contains Glucosamine. Per guidelines, the use of Glucosamine is recommended in the treatment of symptomatic osteoarthritis, particularly in the knees. The clinical documentation submitted for review did not identify any clear evidence of symptomatic osteoarthritis which would reasonably benefit from the use of a Glucosamine containing agent. Therefore, this reviewer would not have recommended certification for the request. The request is not medically necessary and appropriate.

RETROSPECTIVE FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE DOS: 11/05/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal anti-inflammatory agents (NSAIDs).

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

Decision rationale: In regards to the requested Compounded medication to include Flurbiprofen, Lidocaine, and Amitriptyline, this reviewer would not have recommended this medication as medically necessary. Per the current evidence based guidelines, this topical analgesic is

considered largely experimental and investigational. The clinical literature does not identify substantial evidence to support topical analgesics for the treatment of chronic pain. Per guidelines, compounded topical medications can be considered an option in the treatment of neuropathic pain that has failed all other reasonable treatment including first line use of medications such as anticonvulsants and antidepressants. This has not been documented in the clinical record. Given the insufficient findings for failure of first line medications for neuropathic pain, this reviewer would not have recommended certification for the request. The request is not medically necessary and appropriate.

RETROSPECTIVE GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL DOS:

11/05/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal anti-inflammatory agents (NSAIDs).

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

Decision rationale: In regards to the requested compounded medication that included Gabapentin, Cyclobenzaprine, and Tramadol, this reviewer would not have recommended this medication as medically necessary. Per the current evidence based guidelines, this topical analgesic is considered largely experimental and investigational. The clinical literature does not identify substantial evidence to support topical analgesics for the treatment of chronic pain. Per guidelines, compounded medications can be considered an option in the treatment of neuropathic pain that has failed all other reasonable treatment including first line use of medications such as anticonvulsants and antidepressants. This has not been documented in the clinical record. Given the insufficient findings for failure of first line medications for neuropathic pain, this reviewer would not have recommended certification for the request. The request is not medically necessary and appropriate.