

Case Number:	CM14-0028122		
Date Assigned:	06/13/2014	Date of Injury:	03/30/2007
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/05/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 43 year-old with a date of injury of 03/30/07. A progress report associated with the request for services, dated 01/15/14, identified subjective complaints of pain in the neck, low back, both wrists, and hands. Objective findings included tenderness to palpation of the neck and low back as well as positive physical findings in the median nerve distribution at the wrist. Diagnoses included cervical and lumbar disc disease and carpal tunnel syndrome. Treatment has included NSAIDs and muscle relaxants. A Utilization Review determination was rendered on 02/17/14 recommending non-certification of "18 sumatriptan succinate tablets 25mg (express scripts) and 30 Terocin patches (express script)."

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SUMATRIPTAN SUCCINATE TABLETS 25MG (EXPRESS SCRIPTS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: Sumatriptan is a serotonin (5-HT) receptor agonist used for the treatment of migraine headaches. The Medical Treatment Utilization Schedule (MTUS) does not address the

use of triptans. The Official Disability Guidelines (ODG) states that triptans are recommended for migraine sufferers. All oral triptans are effective and well tolerated. In this case, the progress report does not describe the symptom of migraine headaches nor is it included in the diagnoses. Therefore, in this case, the record does not document the medical necessity for sumatriptan.

30 TEROGIN PATCHES (EXPRESS SCRIPT): 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; Topical Salicylates Page(s): 105; 111-113; 115.

Decision rationale: Terocin is a compounded agent consisting of menthol, capsaicin (an irritant found in chili peppers), lidocaine (a topical anesthetic) and methylsalicylate (an anti-inflammatory). The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) states that neither salicylates nor capsaicin has shown efficacy in the treatment of osteoarthritis. In this case, there is no demonstrated medical necessity for capsaicin in the compound. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. In this case, there is recommendation and therefore demonstrated medical necessity for lidocaine as a cream in the compound. The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound.