

Case Number:	CM14-0036690		
Date Assigned:	06/25/2014	Date of Injury:	08/29/1997
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology 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 61 year old male with an 8/29/97 date of injury. At the time (2/28/14) of the request for authorization for Terocin patch #10 and topical cream with Flurbiprofen 20%, Gabapentin 10%, Cyclobenzaprine 10%, there is documentation of subjective (pain in the middle of lower back) and objective (tenderness to palpation of bilateral lumbar paraspinals, facet loading positive bilaterally) findings, current diagnoses (spinal cord injury not otherwise specified without spinal bone injury, lumbosacral spondylosis without myelopathy, spinal stenosis of lumbar region, and lumbar or lumbosacral disc degeneration), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #10: Upheld

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

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. The MTUS Chronic Pain Guidelines indicate 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. Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on the MTUS Guidelines and a review of the evidence, the request is not medically necessary.

Topical cream with Flurbiprofen 20%, Gabapentin 10%, Cyclobenzaprine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate 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 spinal cord injury not otherwise specified without spinal bone injury, lumbosacral spondylosis without myelopathy, spinal stenosis of lumbar region, and lumbar or lumbosacral disc degeneration. However, the requested topical cream with Flurbiprofen 20%, Gabapentin 10%, Cyclobenzaprine 10% contains at least one drug (Gabapentin and Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.