

Case Number:	CM14-0039026		
Date Assigned:	06/27/2014	Date of Injury:	08/25/2003
Decision Date:	08/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Pain Management 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 54 year old male with a 8/25/03 date of injury, and status post lumbar fusion and discectomy 8/8/07 and re-exploration and resection of an osteophyte and removal of pedicle screw 10/8/08. At the time of the decision for Terocin 4% QTY: 30.00 and Gabapentin 600 mg QTY: 60.00, there is documentation of subjective (lower back pain that radiates to bilateral lower extremities down to his feet) and objective (gait with significant limp on right leg and using a cane for support, limited range of motion of lumbar spine in all directions secondary to increased pain, tightness, and stiffness, tenderness over lumbar spinous processes and interspaces from L3 to S1, severe tenderness over the facet joints from L3 to S1 bilaterally with positive provocation test, severe tightness, tenderness, and trigger points with spasms in lumbar paravertebral, severe tenderness over right knee joint with increased pain in flexion and extension, absent Achilles reflexes, and diminished sensation to touch at bilateral L4, L5, and S1 nerve root distributions) findings, current diagnoses (failed back surgery syndrome and lower back pain with lumbar radiculopathy), and treatment to date (medications (including ongoing treatment with Gabapentin with some relief of pain)). Regarding Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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 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 failed back surgery syndrome and lower back pain with lumbar radiculopathy. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, the request is not medically necessary and appropriate.

Gabapentin 600 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of neuropathic pain as criteria necessary to support the medical necessity of Neurontin (Gabapentin). Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome and lower back pain with lumbar radiculopathy. However, despite documentation of some pain relief with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.