

Case Number:	CM14-0039483		
Date Assigned:	06/27/2014	Date of Injury:	02/14/2005
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 54 year-old female with a 2/14/2005 date of injury. The onset is from cumulative trauma. According to the 3/17/14 orthopedic report from [REDACTED], the patient presents with pain in the cervical region, right shoulder, right elbow, both wrists and the right hand. She has been diagnosed with cervical radiculopathy; shoulder impingement; wrist tendonitis; elbow tendonitis; and deQuervains. [REDACTED] recommended a compound topical with lidocaine 6%, gabapentin 10% and ketoprofen 10%; Relafen 750mg #100; and terocin patches with capsaicin, menthol and lidocaine, #10. UR denied the requests on 3/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine 6%/Gabapentin 10%/Ketoprofen 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113.

Decision rationale: This IMR request is for a compound topical containing lidocaine 6%, gabapentin 10% and ketoprofen 10%. The case involves a 54 year-old female with a 2/14/2005 date of injury. The onset is from cumulative trauma. According to the 3/17/14 orthopedic report from [REDACTED], the patient presents with pain in the cervical region, right shoulder, right elbow, both wrists and the right hand. She has been diagnosed with cervical radiculopathy; shoulder impingement; wrist tendonitis; elbow tendonitis; and deQuervains. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The topical compound is reported to contain gabapentin 10%. MTUS for topical gabapentin states: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Therefore, the whole topical compound that contains gabapentin would not be recommended. The request is not medically necessary.

1 prescription of Relafan (Nambutone) 750 mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, NSAID Section, page 22.

Decision rationale: The case involves a 54 year-old female with a 2/14/2005 date of injury. The onset is from cumulative trauma. According to the 3/17/14 orthopedic report from [REDACTED], the patient presents with pain in the cervical region, right shoulder, right elbow, both wrists and the right hand. She has been diagnosed with cervical radiculopathy; shoulder impingement; wrist tendonitis; elbow tendonitis; and deQuervains. [REDACTED] states the Relafen is used for breakthrough pain and is used at the lowest dose for the shortest period of time. The use of Relafen appears to be in direct accordance with MTUS guidelines. The request is medically necessary.

1 prescription of tendon patches (Capsaicin, Menthol, Lidocaine) #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113.

Decision rationale: The case involves a 54 year-old female with a 2/14/2005 date of injury. The onset is from cumulative trauma. According to the 3/17/14 orthopedic report from [REDACTED], the patient presents with pain in the cervical region, right shoulder, right elbow, both wrists and the right hand. She has been diagnosed with cervical radiculopathy; shoulder impingement; wrist tendonitis; elbow tendonitis; and deQuervains. The Terocin patches, according to the vendor do not have the capsaicin, and are 4% lidocaine, and 4% menthol. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does have some support for Lidocaine in a dermal patch form. But the Terocin patches also contain menthol. MTUS does not discuss menthol, but ODG guidelines do. Under Biofreeze, ODG states the active ingredient is menthol. This is described as a cryotherapy gel and is recommended as an optional form of cryotherapy for acute pain and takes the place of

ice packs. This patient does not have acute pain and is not in the acute phase of care, and the guidelines do not recommend the use of ice packs or menthol for the chronic phase. Since the menthol component of the Terocin patch is not recommended for chronic pain, the whole patch is not recommended. The request is not medically necessary.