

Case Number:	CM14-0041110		
Date Assigned:	06/30/2014	Date of Injury:	01/06/2011
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 62-year-old female was reportedly injured on 1/6/2011. The mechanism of injury was noted as a fall. The most recent progress note, dated 6/12/2014, indicated that there were ongoing complaints of neck pain, back pain, and right shoulder pain. The physical examination demonstrated lumbar spine positive tenderness palpation in the left lower back, left thigh and decreased range of motion of the lumbar spine. No recent diagnostic studies were available for review. Previous treatment included chiropractic care, physical therapy, and medications. A request had been made for Tramadol hydrochloride (HCL) powder, Amitriptyline powder HCL, Dextromethorphan powder hydrobromide (HBR), sterile water solution irrigation, ethoxy ethanol liquid reagent, dimethyl sol sulfoxide and Pentravan cream #240, Terocin DIS 4.4% patches #30 and was not certified in the pre-authorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL powder, amitriptyline powder HCL, dextromethor powder HBR, sterile water sol irrig, ethoxy ethnl liq reagent, dimethyl sol sulfoxid and pentravan cream #240:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Terocin DIS 4.4% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Terocin) Page(s): 56.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an antiepilepsy drugs (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. After reviewing the medical records provided, there was no documentation of failure of first-line therapy. Therefore, this request is deemed not medically necessary.