

Case Number:	CM14-0055378		
Date Assigned:	09/05/2014	Date of Injury:	05/03/2006
Decision Date:	10/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 56-year-old female who reported an injury on 02/03/2005 due to getting her ankle caught in a cord of a piece of equipment that tripped her causing her to fall. Diagnoses were complex regional pain syndrome (CRPS) of the left upper extremity and right lower extremity, left rotator cuff tendonitis and impingement syndrome, AC joint arthritis, left L4-5 disc bulge, and reactive depression due to pain and activity. Past treatments were aqua therapy. Diagnostic studies were MRI of the lumbar spine, MRI of the left shoulder, and MRI of the right lower extremity. Surgical history was not reported. Physical examination on 08/07/2014 revealed mild to moderate swelling noted on the left hand, particularly the left 3rd digit at the PIP and MCP joints. Mild swelling noted at the right ankle, hyperalgesic distal to the right knee; 70 degrees of right shoulder forward flexion with pain; 4- to 4/5 right knee extensors, pain limited 3-/5 ankle dorsiflexion; and evertors. Medicaitons were Opana ER, Celebrex 200 mg, Topamax, Lexapro, Amitiza, and Nortriptyline. Treatment plan was to continue medications as directed. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 5mg, #60 dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The decision for Lexapro 5mg, #60 dispensed is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. Although the injured worker has reported functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

1 month supply of Terocin patches, 6 boxes dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals, Topical Capsaicin, , Lidocaine Page(s): 111, 105, 28, 1.

Decision rationale: The decision for 1 month supply of Terocin patches, 6 boxes dispensed is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylate. Per drugs.com, Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The medical guidelines do not support the use of compounded topical analgesics. Therefore, the request is not medically necessary.