

Case Number:	CM14-0056544		
Date Assigned:	08/06/2014	Date of Injury:	06/06/2013
Decision Date:	09/10/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 41 year old with a work injury dated 6/6/13. The diagnoses include lumbar disc protrusion and lumbar radiculopathy. He is status post lumbar surgery December 10, 2013 and right wrist and hand surgery November 25, 2013. Under consideration is a request for Terocin 240 ml: Capsaicin 0.025% Methyl Salicylate 25% Menthol 10% Lidocaine 2.5%; Terocin Pain Patch box (10 Patches) #3; Flurbi (nap) cream 180gms: Flubiprofen 20% Lidocaine 5% Amitriptyline 4% and Gabacyclotram-180gms Gabapentin 10% Cyclobenzaprine 6% Tramadol 10%. There is a secondary treating physician report dated 1/13/14 that states that the patient complains of constant low back pain radiating to the left lower extremity with numbness and tingling. He has no side effects from oral topical medications. The pain without medication 8/10, and with medications the pain is 5-8/10. Topical medications increase sleep. On physical exam his right wrist range of motion flexion is 50 degrees, extension is 50 degrees, radial deviation is 15 and ulnar deviation is 20 degrees. There is a positive left straight leg raise. He has an antalgic gait. He ambulates with a cane and wears a corset. The patient was given a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch box (10 Patches) #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch,Salicylate topical,Topical analgesics Page(s): 56,105,111-112.

Decision rationale: Terocin Pain Patch box (10 Patches) #3 is not medically necessary per MTUS guidelines. A Terocin patch contains: Menthol 4%;Lidocaine 4%. In regards to the Lidoderm patch the MTUS guidelines state that ". Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia" Per MTUS guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally , the MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of failure of oral first line therapy for peripheral pain such as antidepressants or anticonvulsants, and that patient does not have post herpetic neuralgia, Terocin patches are not medically necessary.

Terocin 240ml Capsaicin 0.25% Methyl Salicylate 25% Menthol 10% Lidocaine 2.5%:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals,Lidoderm (lidocaine patch),Topical analgesics,Capsaicin p Page(s): 105,56-57,111-113,112-113.

Decision rationale: The request for Terocin 240 ml: Capsaicin 0.025% methyl salicylate 25% menthol 10% lidocaine 2.5% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there is little use to support the use of many of these agents.(Topical analgesics) . The active ingredient in Terocin Lotion are :Methyl Salicylate 25%,Capsaicin 0.025%, Menthol 10% Lidocaine 2.50% .Terocin contains Lidocaine which per MTUS guidelines : "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Patient has no documentation that he meets criteria for topical lidocaine and therefore this is not medically necessary. Capsaicin is contained within Terocin and per MTUS :Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate .Menthol- The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain.The documentation does not indicate that the patient

requires Capsaicin due to intolerance of other treatments. Due to the fact that the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient does not meet the criteria for Capsaicin or topical Lidocaine therefore the request for Terocin 240 ml: Capsaicin 0.025% methyl salicylate 25% menthol 10% lidocaine 2.5% is not medically necessary.

Flurbi NAP cream LA 180gms Flurbiprofen 20% Lidocaine 5% Amitriptyline 4%: Upheld

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

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

Decision rationale: The request for Flurbi (nap) cream la 180gms: Flubiprofen 20% lidocaine 5% amitriptyline 4% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Regarding Flurbiprofen: Per MTUS guidelines, "The efficacy in clinical trials for this treatment (topical NSAIDs) modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The MTUS guidelines state that there is little evidence to support the use of topical NSAIDs (flurbiprofen is an NSAID) for the treatment of osteoarthritis of the spine, hip, or shoulder. The request does not indicate which body part this cream is for. Additionally, Amitriptyline is an antidepressant. The MTUS does not recommend topical antidepressants. The MTUS states that there is little to no research to support the use of many of these topical agents." Furthermore, the MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical cream form of Lidocaine is not recommended per MTUS guidelines. For these reasons Flurbi (NAP) Cream-LA 180 grams is not medically necessary.

Gabaclosetram 180gms Gabapentin 10% Cyclobenzaprine 6% Tramadol 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Gabaclosetram-180gms gabapentin 10% cyclobenzaprine 6% tramadol 10% is not medically necessary. The requested cream contains gabapentin, cyclobenzaprine and tramadol. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not reveal any

intolerance to oral medications. The MTUS does not recommend topical gabapentin or cyclobenzaprine therefore the request for Gabacyclotram 180gm is not medically necessary.