

Case Number:	CM14-0064976		
Date Assigned:	07/11/2014	Date of Injury:	04/30/1998
Decision Date:	08/29/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational 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:

This is a 54 year-old male patient with a 4/30/1998 date of injury. The mechanism of which the injury occurred involved a 52 ton front loader vehicle running him over. An MRI of his lumbar spine on 6/24/2013 showed severe degeneration at L5-S1 without evidence of significant neural impingement, moderate disc degeneration at L4-L5 with a posterior disc bulge and left posteriolateral disc protrusion components, mild bilateral L4-5 foraminal encroachment, and far right posteriolateral disc bulge disc bulge at L3-4 resulting in mild right L3-4 foraminal encroachment. There is also a 2mm curvilinear annular fissure at the far right posteriolateral L3-4 disc margin. On an exam dated 10/14/2013 the patient complained of lower back pain rated 2/10 on visual analog scale (VAS) scale which was described as sudden, intermittent and decreasing. The patient had bilateral L4-S1 transforaminal epidural steroidal injections 2 weeks ago and stated that the pain has improved. A physical exam noted no lumbar tenderness, fibrous bands, or spasms. The diagnostic impression is lumbar stenosis, degenerative disc disease and spondylosis. Treatment to date: Epidural steroidal injections and medication management. A UR date of 4/12/2014 denied the requests. The rationale for denial for the Terocin patch was that CA MTUS guidelines do not support the use of topical lidocaine in this patient. Lidocaine is indicated for neuropathic pain only after a failure of oral antidepressants and anticonvulsants. The rationale for denial of Genicin caps was that Genicin (glucosamine) is not recommended for this patient's diagnosis. The rationale for denial of Gabapentin/cyclobenzaprine/tramadol cream is that CA MTUS guidelines do not support its use. It is primarily recommended for neuropathic pain when trials of oral antidepressants and anticonvulsants have failed. The rationale for denial of Fluri (Nap) Cream-LA was that the CA MTUS guidelines did not support its use in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Date of Service (DOS): 1/13/2014): Terocin patch (duration and frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: CA MTUS states that 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 inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Terocin patch is a formulation of methyl salicylate, capsaicin, menthol and lidocaine. CA MTUS guidelines state that topical lidocaine may be recommended for localized peripheral pain only after a trial of oral antidepressant and anticonvulsants has failed. However, there was no documentation of any of these failures in the reports. Therefore, the retrospective request for (DOS 1/13/2014) for Terocin patch (duration and frequency unknown) was not medically necessary.

Retrospective (DOS: 1/13/2014): Genicin Caps (duration and frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk effect on patients with moderate arthritis pain, especially for knee osteoarthritis. Genicin is a formulation of glucosamine sulfate. CA MTUS states that glucosamine is an option when treating moderate osteoarthritic knee pain. However, there is no documentation in the reports of any diagnosis of osteoarthritis of the knees. Therefore, the retrospective (DOS 1/13/2014) request for Genicin Caps (duration and frequency unknown) was not medically necessary.

Retrospective (DOS: 1/13/2014): Flurbi[Nap] cream-LA, (fluribiprofen/ lidocaine HCL and amitriptyline) (duration and frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Flurbi(Nap) is a topical analgesic formulation of flurbiprofen, a non-steroidal anti-inflammatory drug (NSAID), amitriptyline, a tri-cyclic antidepressant, and lidocaine, a topical anesthetic. CA MTUS guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, there was no documentation of neuropathic pain or trial failures. Therefore, the retrospective (DOS 1/13/2014) request for Flurbi(Nap) Cream-LA,(flurbiprofen/lidocaine HCl and amitriptyline)(duration and frequency unknown) was not medically necessary.

Retrospective (DOS: 1/13/2014): Gabapentin/Cyclobenzaprine/Tramadol (duration and frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is an anticonvulsant, cyclobenzaprine is a centrally sedating muscle relaxant, and tramadol is an opioid agonist. CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that topical analgesics are recommended for neuropathic pain after trials of oral antidepressants and anticonvulsants have failed. However, there was no documentation in the reports of neuropathic pain or any trial failures. Therefore, the retrospective request (DOS 1/13/2014) for Gabapentin/cyclobenzaprine/tramadol (duration and frequency unknown) was not medically necessary.