MAXIMUS Federal Services

Case Number:	CM14-0073576		
Date Assigned:	07/16/2014	Date of Injury:	01/30/2013
Decision Date:	09/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 1/30/13 date of injury. At the time (3/4/14) of request for authorization for Retrospective request for Menthoderm gel, 240 ml, dispensed 03/04/14, Retrospective request for Terocin lotion, 240 ml, dispensed on 03/04/2014, and Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%), 180 grams, dispensed on 03/04/2014, there is documentation of subjective (neck pain radiating to the shoulders with numbness, bilateral shoulder pain radiating to the hands, low back pain radiating to the buttocks and bilateral lower extremities with numbness and tingling, bilateral hip pain radiating to the feet, and right foot pain radiating to the toes) and objective (decreased cervical, bilateral shoulder, lumbar, and right ankle range of motion) findings, current diagnoses (cervical radiculitis, thoracic sprain/strain, lumbar radiculitis, bilateral shoulder internal derangement, bilateral hip sprain/strain, and right foot sprain/strain), and treatment to date (physical therapy and acupuncture). Regarding Retrospective request for Menthoderm gel, 240 ml, dispensed 03/04/14, there is no documentation that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm gel, 240 ml, dispensed 03/04/14: 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): 111-112.

Decision rationale: Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, thoracic sprain/strain, lumbar radiculitis, bilateral shoulder internal derangement, bilateral hip sprain/strain, and right foot sprain/strain. In addition, there is no documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Menthoderm gel, 240 ml, dispensed 03/04/14 is not medically necessary.

Retrospective request for Terocin lotion, 240 ml, dispensed on 03/04/2014: 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: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, thoracic sprain/strain, lumbar radiculitis, bilateral shoulder internal derangement, bilateral hip sprain/strain, and right foot sprain/strain. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Terocin lotion, 240 ml, dispensed on 03/04/2014 is not medically necessary.

Retrospective request for Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%), 180 grams, dispensed on 03/04/2014: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, thoracic sprain/strain, lumbar radiculitis, bilateral shoulder internal derangement, bilateral hip sprain/strain, and right foot sprain/strain. However, the requested compounded medication contains at least one drug (gabapentin) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%), 180 grams, dispensed on 03/04/2014 is not medically necessary.