

Case Number:	CM14-0079063		
Date Assigned:	07/18/2014	Date of Injury:	12/14/2012
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/29/2014

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 Pain Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 34-year-old female with a date of injury of 12/14/2012. Her diagnoses include cervical disk syndrome, cervical spine sprain / strain, lumbar disk syndrome, and lumbar spine sprain/strain. According to progress report dated 12/18/2013, the patient presents with intermittent neck pain that radiates down to her bilateral shoulders. The patient also complains of low back pain that radiates down to her bilateral knee which is accompanied with occasional numbness in her feet. She complains of sleepiness due to pain and is currently taking Motrin 800 mg, patches and topical creams to alleviate her symptoms. The examination of the cervical spine revealed tenderness noted over the paravertebral musculatures with painful limited range of motion. There was positive foraminal compression and distraction test noted bilaterally. The examination of the lumbar spine revealed tenderness noted over the paravertebral musculature with decreased and painful range of motion upon flexion, extension, right lateral flexion, and left lateral flexion. There was a positive Kemp's test, lumbar facet test, and supine straight leg raise test. The treating physician is requesting topical creams, Theramine capsules #120 and Medrox patches #30. Utilization Review denied the request on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/ Camphor 2% 240 gm
Quantity: 3: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams , chronic pain section) Page(s): 111.

Decision rationale: The treating physician is requesting a topical compound transdermal medication that includes capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 2%. Per the MTUS Guidelines topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. In addition, compounded product that contains at least one (or drug class) that is not recommended is not recommended. Regarding Flurbiprofen, MTUS states the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small with short duration. Topical non-steroidal anti-inflammatory drug (NSAIDs) has been shown, in the meta-analysis, to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. As such, this request is not medically necessary.

Gabapentin 10%/ Lidocaine 5%/ Tramadol 15% 240 gm Quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams , chronic pain section) Page(s): 111.

Decision rationale: The treating physician is requesting a compound topical cream for patient's neuropathic pain. The requested cream includes gabapentin 10%, lidocaine 5%, and tramadol 15%. Per the MTUS Guidelines topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. In addition, compounded product that contains at least one (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as a topical formulation; therefore, the entire compound cream is not medically necessary.

Thermine capsules Quantity: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medical foods and combinations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Foods.

Decision rationale: The treating physician is requesting Theramine #120 to be taken 2 to 3 times daily to reduce pain. The treater states manufacture studies comparing Theramine to naproxen showed Theramine to be more effective in relieving back pain. The ACOEM and MTUS guidelines do not discuss Theramine as a medical food however; the Official Disability Guidelines (ODG) does not recommend it. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Theramine is not supported by ODG therefore, is not medically necessary.

Medrox patches Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams chronic pain section) Page(s): 111.

Decision rationale: The request for Medrox patches #30 is not medically necessary. The MTUS, ACOEM, and Official Disability Guidelines (ODG) Guidelines do not discuss Medrox patches specifically. Per the MTUS Guidelines, topical agents are largely experimental in which few randomized control trials to determine efficacy or safety, In addition, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly in high dosages of capsaicin. Medrox contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Furthermore, salicylate, or non-steroidal anti-inflammatory drug (NSAID) topical are only indicated for peripheral joint arthritis/tendinitis, which this patient does not have. Therefore, the entire compound is not medically necessary.