MAXIMUS Federal Services

Case Number:	CM14-0079437		
Date Assigned:	07/18/2014	Date of Injury:	01/23/2007
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
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 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:

Injured worker is a female with date of injury 1/23/2007. Per primary treating physician's progress report dated 5/8/2014, the injured worker states she suffered from headaches. She went to her primary care provider and was sent to neurologist and ophthalmologist. MRI of brain was done. She was given methyl prednisolone. She will follow up with neurologist. She also complains of low back pain, which occurs frequently and is rated 5-7/10. She stopped going to aqua therapy due to dizziness and headaches. She states she is now feeling better. No examination findings are reported. Diagnoses include 1) cervical spine sprain/strain 2) gastritis (iatrogenic) 3) left lower extremities radiculopathy 4) meralgia paresthetica 5) shoulder sprain/strain 6) anxiety 7) depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 240ml: Overturned

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 Capsaicin section, Salicylate Topicals section, Topical Analgesics section Page(s): 28,105, 111-113.

Decision rationale: Per manufacturer's information, Terocin lotion is a combination topical analgesic with active ingredients that include Capsaicin 0.025%, Menthol 10%, and Methyl Salicylate 25%.Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fribromyalgia, and chronic non-specific back pain. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain.Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of aneshtetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The request for Terocin 240 ml is determined to be medically necessary.

Flurbi 180 grams: 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.

Decision rationale: Topical NSAIDs, such as topical Flurbiprofen, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. The request for Flurbi 180 grams is determined to not be medically necessary.

Somnicin #30: Upheld

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

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

Decision rationale: The MTUS Guidelines do not address the use of Somnicin. The ODG states that medical foods may be recommended for use. Medical foods are defined as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirement, based on recognized scientific principle are established by medical evaluation. Somnicin is a proprietary blend of medical foods including melatonin, 5-HTP, L-tryptophan, vitamin B6 and magnesium. These ingredients are used to combat anxiety and difficulty sleeping. The clinical reports do not indicate that the injured worker has a deficiency in any of these ingredients, or has a medical condition that may benefit from

supplementation with these ingredients. Medical necessity is therefore not established. he request for Somnicin #30 is determined to not be medically necessary.

Xolido 2 percent: 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 section Page(s): 111, 112.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. The request for Xolido 2 percent is determined to not be medically necessary.The request for Xolido 2 percent is determined to not be medically necessary.