

Case Number:	CM14-0081661		
Date Assigned:	07/18/2014	Date of Injury:	09/16/2013
Decision Date:	09/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 injured worker is a 29-year-old female who reported an injury after she felt something pinch in her back, she almost fell and caught her balance and twisted her back on 09/16/2013. The clinical note dated 05/19/2014 indicated diagnoses of cervical spine sprain/strain, lumbar spine sprain/strain, lumbar disc herniation. The injured worker reported neck and low back pain associated with pain and discomfort that was exacerbated by standing. She rated her pain level 9/10 without medication and 5/10 to 6/10 with medication. The injured worker reported she was unable to sleep due to her pain and discomfort. On physical examination of the cervical spine, the injured worker had myospasms with associated tenderness of the paracervical muscles bilaterally with decreased range of motion. The examination of the lumbar spine revealed myospasms with tenderness of the lower erector spine muscles bilaterally, a positive Kemp's test with associated pain and discomfort with decreased range of motion. The injured worker's treatment plan included start physical therapy and continue medication management. The injured worker's prior treatments included medication management. The injured worker's medication regimen included pantoprazole, Norco, Flexeril, Terocin patch and topical creams. The provider submitted a request for Terocin patch and topical creams. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%: 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 Page(s): 111.

Decision rationale: The request for Flurbiprofen 20% is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is lack of documentation of efficacy and functional improvement with the use of Flurbiprofen. In addition, it was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. Furthermore, the FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a frequency or quantity. Therefore, the request for Flurbiprofen 20% is not medically necessary.

Cyclobenzaprine 4%: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine 4% is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, there is lack of documentation of efficacy and functional improvement with the use of the Cyclobenzaprine topical compound. In addition, the guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a frequency or quantity. Therefore, the request for Cyclobenzaprine 4% is not medically necessary.

Lidocaine 5% 180gm: 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 Page(s): 111.

Decision rationale: The request for Lidocaine 5% 180gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, topical Lidocaine is only recommended in the formulation of a dermal patch (Lidoderm). No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In addition, the guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a frequency or quantity. Therefore, the request for Lidocaine 5% 180 gm is not medically necessary.

Capsaicin, Menthol, Camphor, Tramadol, Gabapentin, Cyclobenzaprine 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The request for Capsaicin, Menthol, Camphor, Tramadol, Gabapentin, Cyclobenzaprine 180gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker was intolerant to other treatments. Moreover, a thorough search of the FDA.gov did not indicate there was a formulation tramadol that had been FDA approved. Additionally, Gabapentin is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a frequency or quantity. Moreover, there was lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request for Capsaicin, Menthol, Camphor, Tramadol, Gabapentin, Cyclobenzaprine 180gm is not medically necessary.

Terocin patch # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patch # 10 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was lack of evidence in the documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain to warrant the use of capsaicin. In addition, the guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm. Therefore, lidocaine is not recommended. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a frequency or quantity for this medication. Additionally, there was lack of documentation of efficacy and functional improvement with the use of the Terocin patch. Therefore, the request is not medically necessary.