

Case Number:	CM14-0159423		
Date Assigned:	10/03/2014	Date of Injury:	01/09/2013
Decision Date:	01/13/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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:

According to the medical records the patient is a 35-year-old female cook who reported an industrial injury on January 9, 2013. The patient complained of low back pain due to continued trauma. The patient is diagnosed with lumbar disc protrusion, lumbar radiculopathy, adjustment disorder and insomnia. There is no indication of gastrointestinal problems in the medical records submitted for review. The patient was seen on June 19, 2014 at which time she complained of constant low back pain radiating to the lower extremity. She also complained of adjustment disorder and insomnia. Treatment included Terocin patch, Methoderm gel and Xolindo cream. Utilization review was performed on September 2, 2014 at which time the requested topical medications were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 120gm 240ml, #1: 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 Salicylate Topical, Topical Analgesics Page(s): 110-112, 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Physician-Dispensed Drugs, Drugs.com.

Decision rationale: According to Drugs.com, Methoderm contains Methyl Salicylate and Menthol. Per Chronic Pain Medical Treatment Guidelines, Salicylate topical is recommended. The guidelines state that topical Salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the medical records that the patient is unable to tolerate oral medications. There is also no evidence that the patient has failed over-the-counter topical medication such as BenGay which would also be more cost effective. It should also be pointed out that the physician is providing these topical medications from his office. According to ODG, Physician-dispensed drugs: Not generally recommended over pharmacy dispensing due to higher costs and worse outcomes in workers' comp. Physician dispensing is the process of distributing pre-packaged medications directly to patients at the point of care and is generally recommended only for the initial visit to provide patients with medications for acute injuries. According to some, the patient may prefer physician-dispensed drugs because of convenience. Physician-dispensing may create financial incentives that affect the use of compound drugs and other medications, due primarily to fee schedule ambiguities. In addition, physician-dispensed drugs typically do not go through the pharmacy benefit management companies (PBMs) but are submitted directly to the payer. Physician dispensing has been found to be associated with higher costs and more lost time than pharmacy-dispensed medications. (White 2014) Therefore, the request for Methoderm gel 120gm 240ml, #1 is not medically necessary and appropriate.

Xolindo 2 percent cream 118gm, #1: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Physician-Dispensed Drugs Drugs.Com.

Decision rationale: According to the CA MTUS guidelines, the use of topical medications in the treatment of chronic pain is largely experimental. Furthermore, Lidocaine used topically is not supported for use except for the treatment of neuropathic pain and as a Lidoderm patch. The request for Xolindo cream is not medically necessary. It should also be pointed out that the physician is providing these topical medications from his office. According to ODG, Physician-dispensed drugs: Not generally recommended over pharmacy dispensing due to higher costs and worse outcomes in workers' comp. Physician dispensing is the process of distributing pre-packaged medications directly to patients at the point of care and is generally recommended only for the initial visit to provide patients with medications for acute injuries. According to some, the patient may prefer physician-dispensed drugs because of convenience. Physician-dispensing may create financial incentives that affect the use of compound drugs and other medications, due primarily to fee schedule ambiguities. In addition, physician-dispensed drugs typically do not go through the pharmacy benefit management companies (PBMs) but are submitted directly to the payer. Physician dispensing has been found to be associated with higher costs and more lost time than pharmacy-dispensed medications. (White 2014) Therefore, the request for Xolindo 2 percent cream 118gm, #1 is not medically necessary and appropriate.

Terocin pain patch #20: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Physician-Dispensed Drugs Drugs.Com.

Decision rationale: Terocin lotion contains Methyl Salicylate, Capsaicin, Menthol and Lidocaine. Per the CA MTUS guidelines, topical medications are largely experimental. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only recommended for peripheral neuropathic pain and only in a dermal patch formulation. Furthermore, while methyl salicylate is recommended, the guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no evidence that the patient has failed first line treatments or is unable to tolerate oral medications. It should also be pointed out that the physician is providing these topical medications from his office. According to ODG, Physician-dispensed drugs: Not generally recommended over pharmacy dispensing due to higher costs and worse outcomes in workers' comp. Physician dispensing is the process of distributing pre-packaged medications directly to patients at the point of care and is generally recommended only for the initial visit to provide patients with medications for acute injuries. According to some, the patient may prefer physician-dispensed drugs because of convenience. Physician-dispensing may create financial incentives that affect the use of compound drugs and other medications, due primarily to fee schedule ambiguities. In addition, physician-dispensed drugs typically do not go through the pharmacy benefit management companies (PBMs) but are submitted directly to the payer. Physician dispensing has been found to be associated with higher costs and more lost time than pharmacy-dispensed medications. (White 2014) Therefore, the request for Terocin pain patch #20 is not medically necessary and appropriate.