

Case Number:	CM14-0188090		
Date Assigned:	11/18/2014	Date of Injury:	10/19/2012
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/11/2014

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 New Jersey. 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 50 year old female with a date of injury as 10/19/2012. The current diagnoses include left elbow sprain/strain, left wrist sprain/strain, and left hand sprain/strain. Previous treatments include multiple medications, physical therapy, and acupuncture. Primary treating physician's reports dated 02/20/2014 through 10/07/2014, acupuncture treatment note dated 06/05/2014 through 06/12/2014, Magnetic Resonance Imaging (MRI) of the left wrist with arthrogram on 05/20/2014, and medication summary report dated 05/16/2014 were included in the documentation submitted. Report dated 10/07/2014 note the presenting complaints as left elbow pain, rated 6 out of 10, described as achy, shooting, and throbbing with tingling and numbness. Physical examination performed revealed decreased Range of Motion (ROM) of the left wrist and elbow. The documentation submitted did not contain an evaluation of the effectiveness of the Terocin Patches and Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% compound. The injured worker was prescribed the Terocin patches on 03/12/2014 and the Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% compound was prescribed on 02/20/2014 according to the records submitted. The most recent report indicated that the injured worker was to remain off work until 11/14/2014. The utilization review performed on 10/22/2014 non-certified a prescription for Terocin Patches and Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: 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: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was not sufficient evidence of neuropathic pain as found via objective findings as well as subjective complaints at the time of the request for this topical Lidocaine product. Also, there was no documented evidence of benefit from previous products with Lidocaine found in the notes provided for review. Therefore, the Terocin patches are not medically necessary.

Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% 120gm: 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: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Combination products have even fewer trials to assess efficacy. Topical Gabapentin, specifically, is addressed by the MTUS and is not recommended due to lack of evidence to support its use. Also, the MTUS Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. In the case of this worker a product which included topical Gabapentin was prescribed for use. Therefore, the combination topical product, Amitriptyline/Dextromethorphan/Gabapentin, is not medically necessary, due to it including at least one (if not more) non-recommended ingredients.