

Case Number:	CM14-0196653		
Date Assigned:	12/04/2014	Date of Injury:	05/14/2004
Decision Date:	01/21/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 14, 2004. In a utilization review report dated November 19, 2014, the claims administrator failed to approve a request for several topical compounded drugs. The claims administrator cited on November 17, 2014 progress note its denial. The applicant's attorney subsequently appealed. In an October 24, 2012 progress note, the applicant was using Norco, Flexeril, and Relafen for chronic low back pain. Permanent work restrictions were renewed. Epidural steroid injection therapy was pending. The applicant's work status was not clearly outlined. On September 17, 2013, the applicant was not working, it was acknowledged. A topical compounded Terocin lotion was endorsed. On November 7, 2014, the applicant reported persistent complaints of low back pain. The applicant had reportedly developed issues with bright red blood per rectum at one point in time and had stopped taking medications owing to the same. 10/10 low back pain was appreciated without medications. Topical compounded medications were apparently renewed, the names of which were not clearly outlined. Permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido-Capsaicin-Men-Methyl Sal (Terocin) 2.5-.025-10-25 Percent Compound Cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, the secondary ingredient in the compound at issue, is not recommended for topical compound formulation purposes except in applicants who have not responded to or are intolerant of other treatments. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin-containing Terocin compound at issue. While the attending provider did outline some historical issues with hematochezia, it was not clearly outlined when these issues transpired and/or why these historical issues would prevent provision of medications such as Tylenol which are unlikely to generate any adverse GI effects. Therefore, the request is not medically necessary.

Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine and Pentoxifylline Compound Cream: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.