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| Case Number: | CM14-0208235 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 04/06/2012 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who reported an injury on 04/06/2012 due to cumulative trauma. On 10/18/2014, the injured worker presented with complaints of pain to the neck, bilateral shoulder, bilateral elbow, bilateral wrist, mid back, bilateral knee, bilateral feet and problems associated with nervousness. Upon examination of the cervical spine there was tenderness to palpation at the occiput, trapezius, levator scapulae, scalene, and sternocleidomastoid muscles. There was a positive bilateral distraction and compression test noted. Examination of the shoulder revealed tenderness to palpation at the trapezius, supraspinatus, levator scapulae, and rhomboid muscles. There was a positive bilateral Neer, Hawkins, and Speed test. Examination of the elbow revealed mild tenderness to palpation over the epicondyles. There was a positive bilateral Cozen sign. There was tenderness to palpation over the bilateral wrist at the triangular fibrocartilage complex, extensor carpi ulnaris, and dorsal muscles. There are no prior treatments noted. The patient's diagnoses were not provided in the records for review. The provider's treatment plan included Terocin patches for pain relief and Fanatrex. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches for pain relief.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The request for Terocin patches for pain relief is not medically necessary. The California MTUS Guidelines recommend the use of topical analgesics primarily for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Terocin is comprised of methyl salicylate, capsaicin, menthol and lidocaine. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opiates, capsaicin, local anesthetics and antidepressants. There is little to no research to support the use of many of these agents. Guidelines state capsaicin is recommended only as an option for injured workers who have not responded or are intolerant of other treatments. Medical documentation submitted for review did not indicate that the injured worker is intolerant of or unresponsive to other treatments. There is no information on treatment issue like the time the injured worker has been prescribed Terocin patches. The efficacy of the prior use was not provided. Additionally, there is no evidence of a trial of an antidepressant or anticonvulsant. The provider's request does not indicate the dose, frequency, or quantity of the Terocin patches in the request as submitted. As such, medical necessity has not been established.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Fanatrex (gabapentin) 25 mg/mL oral suspension 420 mL is not medically necessary. California MTUS Guidelines state that Fanatrex has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement of function as well as documentation of side effects incurred with use. The continued use of AEDs depend upon improved outcomes versus tolerability and adverse effects. The injured worker has been prescribed Fanatrex previously; however, the efficacy of the medication is not documented to support continued use. The provider's rationale for an oral suspension versus taking tablet medications was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.