

Case Number:	CM15-0002096		
Date Assigned:	01/13/2015	Date of Injury:	01/27/2014
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 01/27/2014. She has reported receiving physical injury secondary to being kicked in the back and thrown to the ground, subsequently hitting the back of her head and neck on the ground and then noted that her body began to shake with her eyes rolled back along with loss of consciousness as noted by an eye-witness. The injured worker was diagnosed with cervical spine disc desiccation, thoracic spine disc desiccation, lumbar spine disc desiccation, bilateral carpal tunnel syndrome, anxiety, depression, status post closed head injury with loss of consciousness, post-concussion syndrome as noted with headache and cognitive dysfunction, and post traumatic cervical and lumbosacral paraspinal muscle strain. Treatment to date has included orthopedic consultation, neurologic consultation, acupuncture therapy, and an oral medication regimen of Cyclobenzaprine, Naproxen, Omeprazole, Fioricet, and Hydrocodone. Currently, the injured worker complains of pain and spasms to the cervical, thoracic, and lumbar spine with a pain rating of 8 out of ten to the cervical spine, and a six out of ten to the thoracic and lumbar spine and bilateral wrists and hands. The treating physician requested the prescriptions for Terocin Patches and Gabacyclotram, but did not note the reason for the requested treatments. On 12/17/2014 Utilization Review non-certified the retro prescriptions for Terocin Patches with a quantity of 30 and compound of Gabacyclotram 180gms (11/06/2014), noting the CA MTUS, Chronic Pain Guidelines, Topical Analgesics pages 111 to 112.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patches #30 DOS: 11/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-112.

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

Decision rationale: According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains Menthol which is not supported and thus not medically necessary.

Retrospective compound Gabacyclotram 180gm DOS: 11/06/14: Upheld

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

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

Decision rationale: According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabacyclotram is not supported and thus not medically necessary.