

Case Number:	CM15-0006219		
Date Assigned:	01/20/2015	Date of Injury:	12/17/2010
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: 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 was a male, who sustained an industrial injury December 10, 2010. The injured worker's chief complaint was of headaches and neck pain radiating into both shoulders. The injured worker was diagnosed with vision disturbances, headaches, status post right shoulder arthroscopic surgery with distal clavicle resection, disc protrusion at C3-C4 and C4-5, degenerative disc disease, cervical stenosis with C3-4 and C4-5 radiculopathy, left shoulder musculoligamentous sprain/strain and lumbar musculoligamentous sprain/strain. The injured worker treatments consisted of pain medication, laboratory studies, right shoulder surgery, physical therapy, diagnostic studies, anti-inflammatory medications and home exercise program. On December 8, 2014, the primary treating physician was requesting medication refills for Terocin, Gabapentin, Genicin, Somnicin, Terocin Pain Patch and Methoderm Set.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml, Flurbi (NAP) cream-la 108gm, quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, page 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

Gabaclotram 180mg, quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18.

Decision rationale: Regarding the request for Gabaclotram, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Tramadol is not supported in topical form. Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Gabaclotram is not medically necessary.

Genicin, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for glucosamine (Genicin), CA MTUS states that glucosamine and chondroitin is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis for which the use of glucosamine would be supported by the CA MTUS. In the absence of such documentation, the currently requested glucosamine is not medically necessary.

Somnicin, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, and <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/somnicin-patient-info-sheet.pdf>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

Decision rationale: Regarding the request for SOMNICIN CAPSULE, a search of the Internet indicates that SOMNICIN is a medical food. California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested SOMNICIN is not medically necessary.

Terocin patch, quantity 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment

osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

Menthoderm set 120mg, quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>

Decision rationale: Regarding the request for menthoderm, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested menthoderm is not medically necessary.