

Case Number:	CM15-0106521		
Date Assigned:	06/10/2015	Date of Injury:	04/20/2011
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts 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:

This 57-year-old female sustained an industrial injury to the back on 4/20/11. Previous treatment included magnetic resonance imaging, lumbar laminectomy and fusion (11/26/12), physical therapy, chiropractic therapy, aquatic therapy, injections and medications. Computed tomography lumbar spine (6/3/14) showed severe degenerative changes in bilateral sacroiliac joints. In a PR-2 dated 5/6/15, the injured worker complained of severe pain in the bilateral thighs and low back rated 5/10 on the visual analog scale. The injured worker reported that recent sacroiliac joint injections (2/10/15) were helpful. The injured worker could not sit or stand for long periods of time. The injured worker was awaiting authorization for sacroiliac joint fusion. Physical exam was remarkable for tenderness to palpation over the sacroiliac joints with positive pelvic compression and Gaenslen's tests. Current diagnoses included lumbar herniated disc, lumbar post laminectomy syndrome, lumbar spine radiculitis and sacroiliitis. The treatment plan included requesting authorization for medications (Norco, Naproxen Sodium, Zanaflex, Ambien, Terocin patch, Genicin and Flurbi cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for left hip pain and lower extremity numbness and tingling. When seen, pain was rated at 4/10. There was sacroiliac joint tenderness with positive pelvic compression and Gaenslen testing. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Anaprox without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

Genicin 500mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain chapter - Glucosamine.

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

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for left hip pain and lower extremity numbness and tingling. When seen, pain was rated at 4/10. There was sacroiliac joint tenderness with positive pelvic compression and Gaenslen testing. Glucosamine sulfate alone (without chondroitin sulfate) is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Genicin is a formulation of glucosamine sulfate 500 mg. In this case, the claimant does not have a diagnosis of osteoarthritis. Therefore, the requested Genicin was not medically necessary.

Flurbi nap cream (gm) Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for left hip pain and lower extremity numbness and tingling. When seen, pain was rated at 4/10. There was sacroiliac joint tenderness with positive pelvic compression and Gaenslen testing. Fluri (Nap) Cream is a compounded medication containing Flurbiprofen, Lidocaine, and amitriptyline. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication was not medically necessary.