

Case Number:	CM15-0109078		
Date Assigned:	06/15/2015	Date of Injury:	06/07/2007
Decision Date:	08/04/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 61 year old male with an industrial injury dated 05/12/2006; 07/26/2006 cumulative trauma 05/03/1978 to 06/07/2007. His diagnoses included lumbar spine sprain and strain, bilateral shoulder tendinitis and strain, bilateral elbow epicondylitis, bilateral wrist tendinitis and bilateral knee patellofemoral arthralgia (taken from 11/12/2014 note.) Prior treatment included medications, acupuncture, extracorporeal shockwave therapy and diagnostics. Progress note dated 01/23/2015 is difficult to read. The injured worker presented with low back pain. Physical exam revealed limited range of motion. The request is for Flurbi (NAP) Cream-LA (#180) - Retrospective DOS 02/24/2015, Gabacyclotram (#180) - Retrospective DOS 02/24/2015, New Terocin lotion # 240 - Retrospective DOS 02/24/2015, Somnicin capsule (# 30) - Retrospective DOS 02/24/2015 and Terocin patch # 30 - Retrospective DOS 02/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30 - Retrospective DOS 2/24/15: Upheld

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

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

Decision rationale: The injured worker is a 61 year old male with an industrial injury dated 05/12/2006; 07/26/2006 cumulative trauma 05/03/1978 to 06/07/2007. His diagnoses included lumbar spine sprain and strain, bilateral shoulder tendinitis and strain, bilateral elbow epicondylitis, bilateral wrist tendinitis and bilateral knee patellofemoral arthralgia (taken from 11/12/2014 note.) Prior treatment included medications, acupuncture, extracorporeal shockwave therapy and diagnostics. Progress note dated 01/23/2015 is difficult to read. The injured worker presented with low back pain. Physical exam revealed limited range of motion. The request is for Flurbi (NAP) Cream-LA (#180) - Retrospective DOS 02/24/2015, Gabacyclotram (#180) - Retrospective DOS 02/24/2015, New Terocin lotion # 240 - Retrospective DOS 02/24/2015, Somnicin capsule (# 30) - Retrospective DOS 02/24/2015 and Terocin patch # 30 - Retrospective DOS 02/24/2015.

New Terocin lotion #240 - Retrospective DOS 2/24/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical medication was not established. The requested treatment was not medically necessary.

Flurbi (NAP) Cream-LA (#180) - Retrospective DOS 2/24/15: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Flurbi(NAP) cream. This topical cream contains Flurbiprofen, Tramadol, and Cyclobenzaprine. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). There was no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical medication was not established. The requested treatment was not medically necessary.

Somnicin capsule (#30) - Retrospective DOS 2/24/15: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: According to the ODG, melatonin is recommended for insomnia treatment. Melatonin also has an analgesic effect in patients with chronic pain. Somnicin contains melatonin, 5-HTP, L-tyrptopan, Vitamin B6, and magnesium. There was no documentation indicating that this patient had a sleep disturbance. Medical necessity for the requested item was not established. The requested medication was not medically necessary.

Gabacyclotram (#180) - Retrospective DOS 2/24/15: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested compounded topical agent is Gabapentin,

Cyclobenzaprine, Tramadol (GabaCycloTram) cream. Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. In addition, Gabapentin and Tramadol are not FDA approved for a topical application. There is no peer-reviewed literature to support its use. Medical necessity for the requested compounded topical analgesic cream was not established. The request for the compounded topical analgesic agent was not medically necessary.