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| Case Number: | CM15-0134374 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 04/30/2013 |
| Decision Date: | 09/18/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 male, who sustained an industrial injury on 04/30/2013. The injured worker is currently diagnosed as having lumbar radiculopathy secondary to a disc herniation at the L2-3 level. Treatment and diagnostics to date has included lumbar spine MRI which showed abundant surgical changes, lumbar spine fusion, and use of medications. In a progress note dated 05/26/2015, the injured worker presented with complaints of severe back pain that radiates mainly into the left leg. The injured worker states his pain is rated 8-9/10 in the morning and with medication it drops to a 5-6/10. Objective findings include decreased strength to left dorsiflexors, plantar flexors, and hamstring muscles, sensory loss to light touch and pinprick to left foot, no deep tendon reflexes in both lower extremities, positive straight leg raise test, and severe muscle spasm in the lumbosacral musculature. The treating physician reported requesting authorization for Terocin cream, Flurbi cream, and Gabacyclotram compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream 240mg, #1 container: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. Terocin includes topical lidocaine and menthol. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical terocin in this injured worker, the records do not provide clinical evidence to support medical necessity.

Flurbi cream 180gm, #1 container: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical flurbi cream in this injured worker, the records do not provide clinical evidence to support medical necessity.

Gabacyclotram 180gm, #1 container: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Gabacyclotram in this injured worker, the records do not provide clinical evidence to support medical necessity.