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| Case Number: | CM15-0168163 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 01/28/2013 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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: Arizona, 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 42-year-old male, who sustained an industrial-work injury on 1-28-13. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc protrusion and radiculopathy. Treatment to date has included medication. Currently, the injured worker complains of constant low back pain rated 6 out of 10 that radiated to the right lower extremity and was associated with numbness and tingling. Per the primary physician's progress report (PR-2) on 7-13-15, exam noted restricted lumbar range of motion, flexion to 40 degrees, extension to 10 degrees, bilateral side bending at 15 degrees, straight leg raise positive on the right, and tenderness along the lumbar spine. There was spasms and tenderness with palpation of the right paravertebral muscles and decreased sensation to light touch along distribution of L5-S1 on the right lower extremity. Gait was antalgic. The Request for authorization date was 8-3-15 and requested service included container of Terocin 120mg, container of Flurbi (Nap) Cream LA 180 gm, and container of Gabacyclotram 180 mg. The utilization review on 8-10-15 denied the request due to lack of evidence for effectiveness for the specific diagnosis, and use of compounds listed are not supported by MTUS (CA Medical Treatment Utilization Schedule) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Container Of Terocin 120mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The claimant had been on oral and multiple topical analgesics for months without evidence to support their use. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

Container of Flurbi (Nap) Cream LA 180 GM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics 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. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. The claimant had been on oral and multiple topical analgesics for months without evidence to support their use. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The Flurbiprofen is not medically necessary.

Container of Gabacyclotram 180 mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant had been on oral ant multiple topical analgesics for months without evidence to support their use. Since the compound above contains these topical medications, the compound Gabacyclotram 180 mg is not medically necessary.