MAXIMUS Federal Services

Case Number:	CM15-0194126		
Date Assigned:	10/08/2015	Date of Injury:	01/18/2009
Decision Date:	12/15/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	10/02/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 is a 51-year-old female with a date of industrial injury 1-18-2009. The medical records indicated the injured worker (IW) was treated for myalgia and myositis, unspecified; cervical spondylosis without myelopathy; neck pain; radiculopathy; hand joint pain; shoulder-hand syndrome; neuralgia; wrist sprain; complex regional pain syndrome; and chronic pain syndrome. In the progress notes (7-8-15, 8-11-15), the IW reported musculoskeletal pain in the bilateral hands and wrists with radiation to the arms, shoulders, neck and upper back. The pain was worse with bending, lifting movement, pushing, sitting, walking and standing and was improved by pain medications, rest, stretching, sitting and light exercise. Pain scores (out of 10) were 9, without medications and 6 with medications; pain was 6 on average in July (8 on average in June) and 8 at its highest. With her medications, she could do simple house chores and minimal activities outside the house twice a week versus getting out of bed, not dressing and staying home, without medications. On examination (8-11-15 notes), there was pain down the bilateral arms. Treatments included stellate ganglion blocks on the left, which were not helpful, physical therapy and functional restoration program. Current medications were Ibuprofen, Terocin patch (since at least 7-2015) and Pennsaid (since at least 3-2015). She previously tried Cymbalta, Amitriptyline, Naproxen, Abilify, Effexor, Klonopin and Terazosin, but had adverse reactions. The IW was 'permanent and stationary'. The provider documented the efficacy of the medications and functional gains. Anti-depressants Cymbalta and Effexor were previously attempted. A Request for Authorization was received for Terocin patch 4%-4%, #1 with 0 refills and Pennsaid 20mg per gram per actuation (2%), #1 with 3 refills. The Utilization Review on 8-27-15 non-certified the request for Terocin patch 4%-4%, #1 with 0 refills

and Pennsaid 20mg per gram per actuation (2%), #1 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4%-4% as directed QTY 1 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Forearm, Wrist & Hand (Acute & Chronic) (updated 5/11/15).

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

Decision rationale: Terocin 4%-4% as directed QTY 1 with 0 refills is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled 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." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.

Pennsaid 20mg/gram per actuation (2%) apply as directed QTY 1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

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

Decision rationale: Pennsaid 20mg/gram per actuation (2%) apply as directed QTY 1 with 3 refills is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled 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." Additionally, Per CA MTUS page 111 states that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore, compounded topical cream is not medically necessary.