

Case Number:	CM15-0201827		
Date Assigned:	10/16/2015	Date of Injury:	10/31/2014
Decision Date:	12/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male, who sustained an industrial injury on 10-31-14. Medical records indicate that the injured worker is undergoing treatment for lumbar sprain-strain, lumbar radiculopathy, bilateral shoulder sprain-strain, bilateral shoulder derangement and bilateral shoulder impingement syndrome. The injured worker was temporarily totally disabled. On (9-16-15 and 8-13-15) the injured worker complained of bilateral shoulder pain, greater on the left than the right, bilateral arm pain and mid and low back pain. Examination of the left shoulder revealed tenderness over the bicipital groove, supraspinatus complex, deltoid complex, rotator cuff and acromioclavicular joint. Special orthopedic testing was positive. Strength was 4-5. Range of motion was restricted. Regarding the lumbar spine and lower extremities the injured worker was noted to stand well compensated in the sagittal and coronal planes. Sensation and motor strength were intact in the lower extremities. Treatment and evaluation to date has included medications, x-rays, Sudoscan and physical therapy (16). Current medications include Flurbuprofen cream, Gabapentin cream. Terocin cream and Terocin patches. The injured worker has been prescribed the current topical analgesic since at least July of 2015. The request for authorization dated 9-17-15 included requests for one container of Terocin 120 ml, Terocin pain patches, one container of Flurbuprofen cream 240 grams and one container of Gabapentin cream 240 grams. The Utilization Review documentation dated 9-24-15 non-certified the requests for one container of Terocin 120 ml, Terocin pain patches, one container of Flurbuprofen cream 240 grams and one container of Gabapentin cream 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin, 120ml x1: Upheld

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

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

Decision rationale: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In addition, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin, 120ml x1 is not medically necessary.

Terocin pain patches #20: Upheld

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

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

Decision rationale: The active ingredients of Terocin patches are menthol 4% and lidocaine 4% and is classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Terocin pain patches #20 are not medically necessary.

Flurbiprofen cream, 240 grams x1: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen cream, 240 grams x1 is not medically necessary.

Gabapentin cream, 240 grams x1: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin cream, 240 grams x1 is not medically necessary.