

Case Number:	CM15-0203373		
Date Assigned:	10/20/2015	Date of Injury:	11/05/2012
Decision Date:	12/02/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/15/2015

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: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 11-05-2012. The injured worker was diagnosed as having left thumb contusion, left wrist sprain-strain secondary to twisting injury, and left hand pain. Treatment to date has included diagnostics, occupational therapy, local injections, left thumb surgery in 1-2013, and medications. Per the most recent progress report (6-15-2015, handwritten and difficult to decipher), the injured worker complains of pain in her left thumb-hand-wrist, rated 7 out of 10 (unchanged from 5-07-2015). Current medication was reviewed but current medication regimen was not detailed, noting only no refill on Omeprazole. Exam noted tenderness to palpation of the left thumb-hand-wrist, swelling, atrophy at the base of the left thumb with muscle indentation, and grip 4 of 5. Function with activities of daily living was not described. Failed medication was not noted. Work status was total temporary disability. The treating physician noted recommendation for analgesics and anti-inflammatories. On 10-10-2015, Utilization Review non-certified a request for the retrospective treatment (date of service 8-31-2015) with Flurbiprofen-Cyclobenzaprine-Gabapentin and new request for Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Cyclobenzaprine/Gabapentin (DOS: 08/31/2015): 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 patient presents on 06/15/15 with pain in the left wrist, left thumb, and left hand rated 7/10. The patient's date of injury is 11/05/12. The request is for Retrospective Flurbiprofen/Cyclobenzaprine/Gabapentin (DOS: 08/31/2015). The RFA was not provided. Physical examination dated 06/15/15 reveals tenderness to palpation of the left wrist, hand, and thumb, with swelling noted in the radial area, thenar region, and dorsal aspect of the left thumb. The provider also notes trace atrophy in the wrist and thumb. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." Under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the topical compounded cream containing Flurbiprofen, Cyclobenzaprine, and Gabapentin, the requested cream is not supported by MTUS guidelines. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis, this patient presents evidence of complaints amenable to topical NSAIDS, but the treater does not specify where it is to be applied. MTUS guidelines do not support muscle relaxants such as Cyclobenzaprine or anti-epileptic medications such as Gabapentin in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.

Retrospective new Terocin lotion (DOS: 08/31/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain--Salicylate topicals.

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

Decision rationale: The patient presents on 06/15/15 with pain in the left wrist, left thumb, and left hand rated 7/10. The patient's date of injury is 11/05/12. The request is for Retrospective new Terocin lotion (DOS: 08/31/2015). The RFA was not provided. Physical examination dated 06/15/15 reveals tenderness to palpation of the left wrist, hand, and thumb, with swelling noted in the radial area, thenar region, and dorsal aspect of the left thumb. The provider also notes trace atrophy in the wrist and thumb. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels are indicated for neuropathic pain... MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." In

regard to the request for Terocin Lotion, the provider does not document where the lotion is to be applied, nor are such topical formulations containing Lidocaine supported by MTUS guidelines. The patient presents with left wrist, thumb, and hand pain with a neurological component which could possibly benefit from topical Lidocaine (though the provider does not specify where it is to be applied), however, MTUS only supports Lidocaine in patch form, not cream form. Given these factors, the request cannot be substantiated. The request is not medically necessary.