

Case Number:	CM15-0210140		
Date Assigned:	10/29/2015	Date of Injury:	02/28/2008
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 49-year-old female, who sustained an industrial-work injury on 2-28-08. She reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having rotator cuff sprains and strains, cervical disc degeneration, cervical disc displacement without myelopathy, and brachial neuritis or radiculitis, not otherwise specified. Treatment to date has included medication, diagnostics, and FRP (functional restoration program). MRI results were reported on 5-12-15 of right hip reported partial thickness tear of the distal gluteus minimus tendon. Ultrasound of abdomen and right groin on 6-30-15 was negative. Currently, the injured worker complains of abdominal pain rated 5 out of 10 characterized by aching, shooting, and throbbing and radiates to the right thigh. Medications are helping and she shows no evidence of medication dependency. Medications include Gabapentin, Cyclobenzaprine, famotidine, Tylenol #3. Topical meds include Terocin patch and LidoPro ointment. Sleep quality is poor. Urine toxicology test on 7-23-15 did not detect Gabapentin and Cyclobenzaprine. She remains temporarily totally disabled. Per the primary physician's progress report (PR-2) on 9-24-15, exam noted muscle cramps of right leg, numbness, tingling, right lower extremity weakness, heartburn, GERD (gastroesophageal reflux disease) symptoms almost constantly, irritability, antalgic gait, restricted range of motion to cervical spine, right shoulder, and right hip, and motor exam limited by pain to hip. Current plan of care includes medication refill. The Request for Authorization requested service to include Retrospective request for Terocin Patch 4-4% #30, DOS: 09/24/2015, Lidopro 4.5% Ointment 4.5%-27.5%-0.0325%-10% #1, and Gabapentin 600mg #90. The Utilization Review on 10-5-15 denied the request for Terocin Patch 4-4% #30, DOS: 09/24/2015, LidoPro 4.5% Ointment 4.5%-27.5%-0.0325%-10% #1, and Gabapentin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patch 4-4% #30, DOS: 09/24/2015: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: 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." MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "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.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." In regard to the request for Terocin patches, this medication is not supported for this patient's chief complaint. This patient presents with abdominal pain which radiates into the hip (and prior complaints of cervical spine and shoulder pain) not a localized neuropathic pain amenable to topical Lidocaine. While topical Lidocaine is considered appropriate for peripheral neuropathic complaints, the provider does not specify where these patches are to be applied. As Terocin patches are only supported for a localized peripheral neuropathic pain, without evidence that this patch is being utilized for such a complaint, the request cannot be substantiated. Therefore, the request is not medically necessary.

Retrospective request for Lidopro 4.5% Ointment 4.5%-27.5%-0.0325%-10% #1, DOS: 09/24/2015: 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: LidoPro contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The MTUS Topical Analgesics section, page 111 has the following: "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the requested Lidopro cream for this patient's chronic pain, the active ingredient in this cream; Lidocaine is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. While this patient presents with significant chronic pain complaints, Lidocaine is

nonetheless unsupported by MTUS guidelines in this particular formulation. Guidelines also state that any compounded cream, which contains an unsupported ingredient, is not indicated. Therefore, the request is not medically necessary.

Retrospective request for Gabapentin 600mg #90, DOS: 09/24/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines, Anti-epilepsy drugs (AED) section, Gabapentin has the following has the following: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the retrospective Gabapentin, the request is appropriate. This patient has been prescribed Gabapentin since at least 05/12/15. Guidelines indicate that anti-epilepsy drugs such as Gabapentin are considered appropriate for neuropathic pain. Addressing the efficacy of Gabapentin, the provider states: "With the current medication regimen, her pain symptoms are adequately managed. Patient states that she last took Gabapentin 2 days ago, and states to take it 3 times a week... in this way, it relaxes her and alleviates her pain." Given the conservative nature of this medication and the documented benefits, continuation is substantiated. Therefore, the request is medically necessary.