

Case Number:	CM15-0215470		
Date Assigned:	11/05/2015	Date of Injury:	08/10/2015
Decision Date:	12/16/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 65-year-old female who sustained an industrial injury on 8-10-2015 and has been treated for one left closed rib fracture, and contusion of the low back, chest wall, left forearm bilateral breast and buttocks. On 9-21-2015 the injured worker reported mid to low back pain described as constant and moderately severe and characterized as dull. Movement makes it worse. There was no report at this visit of radiation or weakness. Her left forearm was also painful and reported as mild and dull, and intermittent. She did not feel elbow motion was restricted and there was no radiation. She rated her pain at 7 out of 10. At that time she was noted to be using ice, acetaminophen and lidocaine patches for pain management. Objective findings include some tenderness to palpation on the thoracic and lumbar spine and paravertebral musculature, restriction range of motion of the back, and her left elbow was noted to have full range of motion no effusion, crepitation or dislocation. The treating physician's plan of care includes a retrospective request for Gabapentin, Lidopro and Terocin Patches with a date of service 10-12-2015. The progress note discussing these medications was not provided. There is a progress note dated 10-7-2015 but for a different injury date. Medications were denied on 10-23-2015. Light duty has not accommodated by the employer, so the injured worker has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 600mg #90 (DOS 10/12/15): 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: The claimant sustained a work injury in August 2015 when, while working as a delivery driver, she became caught between a metal door and a wall. She was freed from the door which was repetitively closing. She was hospitalized for two days. When seen in October 2015 she was having low back and left upper extremity pain. She was having radiating pain symptoms. Pain was rated at 7/10. She was having difficulty sleeping. Prior treatments had included physical therapy. Current medications included gabapentin at a dose of 900 mg per day. Physical examination findings included appearing anxious and in moderate pain. There was a slow right-sided antalgic gait without use of an assistive device. There was restricted cervical spine range of motion. Spurling's testing was negative. She had decreased and painful lumbar spine range of motion. There was paravertebral muscle spasm with tenderness and spinous process tenderness was present. Right-sided straight leg raising was positive. There was sacroiliac spine tenderness. There was decreased and painful left shoulder range of motion with positive impingement testing. There were findings consistent with left upper extremity CRPS. She had decreased left upper extremity strength. Her gabapentin dose was increased to 1800 mg per day. Terocin patches, Lidopro, and Ultracet were prescribed. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dose was appropriately increased. She has neuropathic pain and findings consistent with CRPS. The request was medically necessary.

Retrospective Lidopro #1 (DOS 10/12/15): 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: The claimant sustained a work injury in August 2015 when, while working as a delivery driver, she became caught between a metal door and a wall. She was freed from the door which was repetitively closing. She was hospitalized for two days. When seen in October 2015 she was having low back and left upper extremity pain. She was having radiating pain symptoms. Pain was rated at 7/10. She was having difficulty sleeping. Prior treatments had included physical therapy. Current medications included gabapentin at a dose of 900 mg per day. Physical examination findings included appearing anxious and in moderate pain. There was a slow right-sided antalgic gait without use of an assistive device. There was restricted cervical

spine range of motion. Spurling's testing was negative. She had decreased and painful lumbar spine range of motion. There was paravertebral muscle spasm with tenderness and spinous process tenderness was present. Right-sided straight leg raising was positive. There was sacroiliac spine tenderness. There was decreased and painful left shoulder range of motion with positive impingement testing. There were findings consistent with left upper extremity CRPS. She had decreased left upper extremity strength. Her gabapentin dose was increased to 1800 mg per day. Terocin patches, Lidopro, and Ultracet were prescribed. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Terocin was prescribed which is duplicative. Lidopro is not considered medically necessary.

Retrospective Terocin Patch 4-4% #30 (DOS 10/12/15): 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: The claimant sustained a work injury in August 2015 when, while working as a delivery driver, she became caught between a metal door and a wall. She was freed from the door which was repetitively closing. She was hospitalized for two days. When seen in October 2015 she was having low back and left upper extremity pain. She was having radiating pain symptoms. Pain was rated at 7/10. She was having difficulty sleeping. Prior treatments had included physical therapy. Current medications included gabapentin at a dose of 900 mg per day. Physical examination findings included appearing anxious and in moderate pain. There was a slow right-sided antalgic gait without use of an assistive device. There was restricted cervical spine range of motion. Spurling's testing was negative. She had decreased and painful lumbar spine range of motion. There was paravertebral muscle spasm with tenderness and spinous process tenderness was present. Right-sided straight leg raising was positive. There was sacroiliac spine tenderness. There was decreased and painful left shoulder range of motion with positive impingement testing. There were findings consistent with left upper extremity CRPS. She had decreased left upper extremity strength. Her gabapentin dose was increased to 1800 mg per day. Terocin patches, Lidopro, and Ultracet were prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an anti-

epilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro was prescribed which is duplicative. This medication is not medically necessary.