

Case Number:	CM15-0221831		
Date Assigned:	11/17/2015	Date of Injury:	12/16/2011
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/11/2015

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 39 year old male, who sustained an industrial-work injury on 12-16-11. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, paraspinal muscle spasm, lumbar disc herniation, chronic pain and left S1 sacroiliitis. Treatment to date has included medication, Zorvolex, Norflex, Gabapentin, Nexium, compounded analgesic creams since at least 8-19-15, Terocin patch since at least 8-19-15, Omeprazole since at least 8-19-15, lumbar support, H-wave unit, diagnostics, pain management, home exercise program (HEP) and other modalities. The treating physician indicates that the urine drug test result dated 2-11-15 and 8-19-15 was consistent with the medication prescribed. Medical records dated 8-19-15 indicate that the injured worker complains of worsening low back pain, limited lumbar range of motion with numbness and tingling in the bilateral lower extremities (BLE). The pain is rated 8 out of 10 on the pain scale most of the time. This is unchanged from previous visits. Per the treating physician report dated 5-12-15 the work status is modified. The physical exam reveals that the injured worker is suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis and radiculopathy to the thigh. The Gaenslen's and Patrick Fabere tests were positive, sacroiliac joint thrust and straight leg raise test in seated and supine positions were severely positive. There is limited lumbar range of motion and weakness, numbness and tingling in the bilateral lower extremities (BLE). The documentation does not indicate failure of first line therapy such as antidepressants or anticonvulsants. The documentation does not indicate trial or failure of other first line analgesia for pain. The requested services included Omeprazole 20mg #30, Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% Lidoderm based

180gm and Terocin patch #30. The original Utilization review dated 10-13-15 non-certified the request for Omeprazole 20mg #30, Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% Lidoderm based 180gm and Terocin patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20mg #30 is determined to not be medically necessary.

Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% Lidoderm based 180gm: 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): Antiepilepsy drugs (AEDs), Cyclobenzaprine (Flexeril), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% Lidoderm based 180gm is determined to not be medically necessary.

Terocin patch #30: 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: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no indication that the injured worker has failed with oral medications or had a trial with first-line agents. The request for Terocin patch #30 is determined to not be medically necessary.