

Case Number:	CM15-0055482		
Date Assigned:	03/30/2015	Date of Injury:	02/04/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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 61 year old female, who sustained an industrial injury on 2/4/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical degenerative disc disease, cervical facet arthropathy and thoracic spine sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included trigger point injections, cervical medial branch blocks and medication management. In a progress note dated 2/3/2015, the injured worker notes improved pain in the neck from prior injection. The treating physician is requesting Terocin patches, Flurbiprofen/Capsaicin cream and Gabapentin/ Ketoprofen /Tramadol/Cyclobenzaprine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Capsaicin 0.025% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain, rated 7/10. The request is for Flurbiprofen 25%, Capsaicin 0.025%, 180 Grams. There is no RFA and the date of injury is 02/04/13. Per 01/06/15 report, the patient has a diagnoses of cervical degenerative disc disease, cervical facet arthropathy and thoracic spine sprain/strain. Treatment to date has included trigger point injections, cervical medial branch blocks and medication management. Medications include Tramadol, Naproxen, Cyclobenzaprine-Tramadol cream and Terocin patches. The patient is working on modified duty. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, none of the progress reports document the use or purpose of the Flurbiprofen cream. There is no diagnosis of peripheral joint arthritis and tendinitis for which topical NASIDs are indicated. Therefore, the request Is Not medically necessary.

Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% 180grams:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain, rated 7/10. The request is for Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2%, 180 Grams. There is no RFA and the date of injury is 02/04/13. Per 01/06/15 report, the patient has a diagnoses of cervical degenerative disc disease, cervical facet arthropathy and thoracic spine sprain/strain. Treatment to date has included trigger point injections, cervical medial branch blocks and medication management. Medications include Tramadol, Naproxen, Cyclobenzaprine-Tramadol cream and Terocin patches. The patient is working on modified duty. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. Treater has not provided a reason for request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Cyclobenzaprine, neither of which are supported for topical use in lotion form. Therefore, the request Is Not medically necessary.

Terocin patches QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with neck pain, rated 7/10. The request is for Terocin Patches, Qty 30. There is no RFA and the date of injury is 02/04/13. Per 01/06/15 report, the patient has a diagnoses of cervical degenerative disc disease, cervical facet arthropathy and thoracic spine sprain/strain. Treatment to date has included trigger point injections, cervical medial branch blocks and medication management. Medications include Tramadol, Naproxen, Cyclobenzaprine-Tramadol cream and Terocin patches. The patient is working on modified duty. MTUS guidelines page 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 Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treater has not provided a reason for the request. The patient does not present with localized peripheral neuropathic pain which is a criteria required for Lidocaine patch use. Additionally, the treater does not indicate the area for treatment and duration of use. The reports lack the documentation required to make a determination based on MTUS. Therefore, the request Is Not medically necessary.