

Case Number:	CM14-0110537		
Date Assigned:	08/01/2014	Date of Injury:	04/30/2012
Decision Date:	09/26/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65-year-old male with a date of injury of 4/30/12. The mechanism of injury occurred when he tripped and fell on his right shoulder. A QME report was noted on 2/7/14. On 4/17/14 and 5/29/14 he stated the Terocin lotion, Genocin (Glucosamine 500mg) and Celebrex help with the pain. On 5/29/14 he complained of pain in the right shoulder. On exam revealed painful and restricted range of motion. There was motor weakness 4/5, and tenderness over the AC joint. The diagnostic impression is history of right rotator cuff tear, right shoulder impingement syndrome, history of partial biceps tears on right, and s/p right shoulder surgery. Treatment to date: surgery, medication management, H-Wave therapy. A UR decision dated 7/11/14 denied the requests for Terocin lotion, Genocin (Glucosamine 500mg), and Celebrex. The Terocin lotion was denied because guidelines do not consistently support compounded medications. Terocin is a compounded drug containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.5%. Guidelines state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation of failure of anticonvulsants or other first line agents used in the management of neuropathic pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment. The Genocin (Glucosamine 500mg) was denied because guidelines provide no recommendations for the use of Glucosamine in the treatment of any of the conditions the patient is diagnosed with. There is no evidence based guidelines that support the use of Genocin for the patient's current diagnoses of status post shoulder surgery. The Celebrex was denied because guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between

traditional NSAIDs and COX-2 NSAIDs (Celebrex) in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects. Previous request have allowed for limited supply to allow the attending to address the medical necessity for COX-2 agent. However, the issue has not been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion: Upheld

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

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

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines do not support the use of compounded medications including lidocaine for topical application. Therefore, the request for Terocin lotion was not medically necessary.

Genicin (Glucosamine 500mg) #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Genicin is Glucosamine sodium 500mg. On 4/17/14 and 5/29/14, the patient was to continue with Genocin which he stated helps with the pain. Guidelines recommend glucosamine as an option given its low risk, in patients with moderate arthritis. Studies have demonstrated a highly significant efficacy for glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. There is low risk, demonstrated highly significant efficacy, guideline support, and positive results from the

use of Genicin reported by the patient. Therefore, the request for Genicin (Glucosamine 500mg) #90 was medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA Celebrex.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis that are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, there was no mention in the submitted documents that addressed any issue regarding the patient's GI status. In addition, it was not noted if the patient had ever tried and failed with the use of any NSAID to date. Therefore, the request for Celebrex 200mg #60 was not medically necessary.