

Case Number:	CM14-0098443		
Date Assigned:	09/05/2014	Date of Injury:	12/17/2011
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 55-year-old male who reported an injury on 12/17/2011. The mechanism of injury was a fall. He is diagnosed with lumbar facet arthropathy, lumbar spinal stenosis, osteoarthritis, and chronic pain. His past treatments have included facet radiofrequency rhizotomy, participation in a home exercise program, physical therapy, activity modification, surgery, massage therapy, topical analgesics and oral medications. On 04/29/2014, the injured worker presented for a pain medicine follow-up. His symptoms were noted to include neck pain, thoracic spine pain, and low back pain without radiation to the extremities. He rated his pain at 5/10 with medications, and 7/10 without medications. The injured worker also described limitations in his activities of daily living with difficulty completing self-care and hygiene, activity, and sleep. His medications were noted to include tramadol, Flurbiprofen 20%/lidocaine 5%, Gabacyclotram cream, Genicin 500 mg, omeprazole 20 mg, and Terocin patches 4-4%. The documentation indicates that the injured worker's medications were prescribed by another provider. The duration of use with each of the requested medications and topical analgesics was not provided in the medical records. A request was received for Terocin patch #30; Genicin 500 mg #90; Flurbi (NAP) Cream-LA, 180gm (Flurbiprofen Powder, Lidocaine HCL Powder, Amitriptyline HCL Powder, PCCA Lidoderm Base); Somnicin #30; New Terocin Lotion 240 gm; and Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%/ Lipoderm Base) 180gm. The rationale for each of these requests was not submitted in the medical records. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: 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 Topical analgesics Page(s): 111-113..

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that topical compounded products that contain at least one or more drugs that are not recommended are also not recommended. Terocin patches are noted to include menthol 4% and lidocaine 4%. In regards to lidocaine, the guidelines state that lidocaine, in the formulation of a dermal patch Lidoderm, is recommended for neuropathic pain. However, the guidelines specifically state that other commercially approved topical formulations of lidocaine are not recommended at this time. The injured worker was noted to have pain in his cervical spine, thoracic spine, and lumbar spine. He was noted to have related to facet arthropathy and osteoarthritis, but there was no documentation indicating that he had pain that was neuropathic in nature. Furthermore, there was no documentation indicating that he had tried and failed antidepressants and anticonvulsants prior to being treated with topical analgesics. Based on this information and, as the guidelines specifically state that topical lidocaine is not recommended except in the formulation of the Lidoderm patch, the requested Terocin patch, which contains lidocaine, is not supported. Additionally, the request as submitted failed to include a dose and frequency. For the reasons noted above, the request of Terocin Patch #30 is not medically necessary and appropriate.

Genicin 500mg #90,: 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 Glucosamine (and Chondroitin Sulfate), Page(s): 50..

Decision rationale: According to the California MTUS Guidelines, glucosamine is recommended as an option for patients with moderate arthritis pain given its low risk. The clinical information submitted for review indicated that the injured worker has pain in his cervical, thoracic, and lumbar spine and he has a diagnosis of osteoarthritis. However, details regarding his use of Genicin were not provided. Therefore, it is unclear how long the injured worker has been utilizing this medication and whether it has been effective in terms of pain relief and functional improvement. In the absence of further details regarding this medication and its outcome, continued use is not supported. In addition, the request failed to indicate a frequency. For the reasons noted above, the request of Genicin 500mg #90 is not medically necessary and appropriate.

Flurbi (NAP) Cream-LA, 180gm (Flurbiprofen Powder, Lidocaine HCL Powder, Amitriptyline HCL Powder, PCCA Lidoderm Base): 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 Topical analgesics, Page(s): 111-113..

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that topical compounded products that contain at least one or more drugs that are not recommended are also not recommended. In regards to Flurbiprofen, the guidelines state that topical analgesics may be recommended to treat pain from osteoarthritis in joints that are amenable to topical treatment. However, the guidelines state that use of topical NSAIDs has not been evaluated for the treatment of the spine, hip, or shoulder. The submitted clinical records indicate that the injured worker was being treated for complaints of pain in the spine. Therefore, use of Flurbiprofen is not supported. In addition, the guidelines state that lidocaine is only recommended in the formulation of the brand name Lidoderm patch for neuropathic pain. The documentation indicated that the injured worker was being treated for pain related to osteoarthritis and lumbar facets. However, he was not noted to have neuropathic or to have tried and failed antidepressants and anticonvulsants. Therefore, use of topical analgesics would not be supported. In addition, the injured worker was not noted to have pain in joint amenable to topical treatment and the guidelines do not recommend topical NSAIDs for treatment of spine conditions, and lidocaine is not recommended except in the formulation of Lidoderm patch. Therefore, the compounded medication that contains Flurbiprofen and lidocaine is also not supported. In addition, the request failed to indicate a dose and frequency. For the reasons noted above, the request for Flurbi (NAP) Cream-LA, 180gm (Flurbiprofen Powder, Lidocaine HCL Powder, Amitriptyline HCL Powder, PCCA Lidoderm Base) is not medically necessary and appropriate.

Somnicin #30: 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 Medications for chronic pain, Page(s): 60.

Decision rationale: Somnicin is noted to be a combination of magnesium oxide, Melatonin, Oxitriptan, and Tryptophan. According to the California MTUS Chronic Pain Guidelines, before prescribing any medication for pain, the aim of use of the medication must be determined, the potential benefits and adverse effects must be determined, and the patient's preference must be addressed. In addition, measures of lasting benefit from medications for pain should include

evaluation of pain relief and functional improvement, as well as increased activity. The clinical information submitted for review failed to provide details regarding the injured worker's prescription for Somnicin, its aim of use, its potential benefits and adverse effects, the patient's preference, and whether there has been positive outcome in terms of pain relief and function with use of this medication. In the absence of specific documentation regarding this medication, the necessity of Somnicin cannot be established. In addition, the request failed to include a dose and frequency of use. For the reasons noted above, the requested Somnicin #30 is not medically necessary and appropriate.

New Terocin Lotion 240gm: 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 Topical analgesics, Salicylate topicals, Page(s): 111-113; 105.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that topical compounded products that contain at least one or more drugs that are not recommended are also not recommended. Terocin lotion is noted to include methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. According to the guidelines, methyl salicylate is a salicylate topical which has been shown to be better than placebo in chronic pain. Therefore, these agents are recommended as topical products. In regard to capsaicin, the guidelines state use of topical capsaicin is not recommended unless there was intolerance or nonresponse to first line medications. In regard to lidocaine, the guidelines state that topical lidocaine is only recommended in the formulation of the brand name Lidoderm patch at this time. The clinical information submitted for review failed to indicate that the injured worker had neuropathic pain or he had been treated with trials of antidepressants and anticonvulsants. In addition, there was no documentation indicating that he had been intolerant or nonresponsive to first line medications to warrant the use of capsaicin. Further, the guidelines specifically do not recommend lidocaine except in the formulation of the Lidoderm patch. Therefore, the request for Terocin lotion which contains capsaicin and lidocaine which are not recommended, it is not supported. In addition, the request failed to indicate a dose and frequency. For the reasons noted above, the requested New Terocin Lotion 240gm is not medically necessary and appropriate.

Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%/ Lipoderm Base) 180gm: 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 Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that topical compounded products that contain at least one or more drugs that are not recommended are also not recommended. In regard to gabapentin and cyclobenzaprine, the guidelines state that use of topical gabapentin and muscle relaxants is not supported as there is no peer reviewed literature to support topical use of these products. The clinical information submitted for review failed to indicate that the injured worker had neuropathic pain or that he had tried and failed antidepressants and anticonvulsants. In addition, the requested topical compound contains gabapentin and cyclobenzaprine which are not recommended as topical products at this time. Therefore, the topical products contain one or more drugs that are not recommended and are also not supported. In addition, the request failed to indicate a frequency of use. Consequently, the request of Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%/ Lipoderm Base) 180gm is not medically necessary and appropriate.