

Case Number:	CM13-0034135		
Date Assigned:	12/06/2013	Date of Injury:	06/13/2009
Decision Date:	01/27/2015	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal 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:

Pursuant to the progress note dated August 22, 2013, the IW complains of frequent neck pain radiating to the upper extremities rated 6/10. She also complains of constant bilateral shoulder pain, knee pain, and insomnia. Prior lumbar epidural steroid injections provided less than 50% relief. Objectively, cervical range of motion (ROM) at 45 flexion, 50 degrees extension, 65 degrees right rotation, and 65 degrees right lateral flexion. Bilateral shoulder ROM, and bilateral knee ROM was limited. The treating physician is recommending Omeprazole 20mg, and Gabapentin 600mg. Topical compound creams were also prescribed. The current request is for Gabacyclotram 180gms (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%), Terocin 240ml (Capsaicin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%), and Flurbi (NAP) Cream-LA 1080gms (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical Medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compounded topical medications are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Other than Lidoderm patch, no other commercially approved topical formulation of Lidocaine with a cream, lotion or gel is indicated for neuropathic pain. Menthol is not recommended. Topical Gabapentin is not recommended. Topical Cyclobenzaprine is not recommended. In this case, a review of the medical record shows three different topical compounded medications on a progress note dated August 22, 2013. 1) Terocin 240ml is not medically necessary. Terocin contains Capsaicin, Methyl Salicylate, Menthol and Lidocaine (.025%/25%/10%/2.5%). Lidocaine is not indicated in lotion or cream form. Menthol is not recommended. Any compounded product that contains at least one drug (lidocaine in cream or lotion form) that is not recommended, is not recommended. Consequently, Terocin #240ml is not recommended and not medically necessary. 2) Flurbi Cream #180gm is not medically necessary. This cream contains Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 4%. Flurbiprofen is not FDA approved. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (lidocaine in cream form) that is not recommended, is not recommended. Consequently, Flurbi cream is not recommended and not medically necessary. 3) Gabacyclotram 180 g is not medically necessary. This compound contains Gabapentin 10%, Cyclobenzaprine 6% and Tramadol 10%. Topical Gabapentin and Cyclobenzaprine are not recommended. Any compounded product that contains at least one drug (Gabapentin topical and Cyclobenzaprine topical) that is not recommended is not recommended. Consequently, the topical compound containing Gabapentin and Cyclobenzaprine are not recommended in this compound, Gabacyclotram is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin 240ml is not medically necessary. Terocin contains Capsaicin, Methyl Salicylate, Menthol and Lidocaine (.025%/25%/10%/2.5%); Flurbi Cream #180gm Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 4%; and Gabacyclotram 180 Gm, Gabapentin 10%, Cyclobenzaprine 6% and Tramadol 10% are not medically necessary.