

Case Number:	CM13-0058634		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2011
Decision Date:	03/27/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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. 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, Pain Management

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 patient with a date of injury of 9/9/11. A utilization review determination dated 11/7/13 recommends non-certification of topical creams. 7/2/13 medical report identifies 8/10 pain. Creams are said to be useful. On exam, there is antalgic gait and lumbar paravertebral muscle spasm with positive Kemp's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication prescribed (Terocin, flur/lido/amit topical creams for the right elbow, and lumbar spine (DOS 7/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113; 121-122.

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

Decision rationale: Regarding the request for Terocin, flur/lido/amit topical creams for the right elbow, and lumbar spine (DOS 7/11/13), California MTUS cites that topical NSAIDs are

indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Terocin, flur/lido/amit topical creams for the right elbow, and lumbar spine (DOS 7/11/13) is not medically necessary.

Retrospective request for Gaba/Cycl/Tram compound topical cream, for the right elbow and lumbar spine (DOS 7/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113; 121-122.

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

Decision rationale: Regarding the request for Gaba/Cycl/Tram compound topical cream, for the right elbow and lumbar spine (DOS 7/11/13), California MTUS does not support gabapentin or muscle relaxants for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Gaba/Cycl/Tram compound topical cream, for the right elbow and lumbar spine (DOS 7/11/13) is not medically necessary.