

Case Number:	CM15-0014797		
Date Assigned:	02/02/2015	Date of Injury:	12/20/2013
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 43 year old female injured worker suffered an industrial injury on 12/20/201. The diagnoses were lumbar sic protrusion, lumbar radiculopathy, right knee internal derangement, bilateral plantar fasciitis, and right foot muscle weakness. The treatments were oral and topical medications. The treating provider reported pain 1/10 low back pain radiating down the left lower extremity with numbness and tingling of the left leg, the injured worker described constant pain of the right knee 3/10 and bilateral ankle pain as 4/10. On exam there was restricted range of motion of the lumbar spine. There was tenderness and spasm along the lumbar spine. Straight leg raises was positive on the left side. The Utilization Review Determination on 1/6/2015 non-certified: 1. Terocin 120ml #1 citing MTUS2. Flurbi cream-LA 180GM #1 citing MTUS3. Gabacyclotram 180GM #1 citing FDA.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Terocin 120ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Terocin patch is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above 1 Terocin 120ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%) is not medically necessary.

1 Flurbl (Nap) Cream-La 180 Grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. The proposed topical analgesic contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above 1 Flurbl (Nap) Cream-La 180 Grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%) is not medically necessary.

1 Gabacyclotram 180grams (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. The proposed topical analgesic contains Gabapentin, which is not recommended as a topical analgesic by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above 1 Gabacyclotram 180grams (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) is not medically necessary.