

Case Number:	CM15-0123007		
Date Assigned:	07/14/2015	Date of Injury:	03/19/1997
Decision Date:	08/07/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on March 19, 1997. He reported injury to his lower back. The injured worker was diagnosed as having lumbar spondylosis, lumbar radicular, lumbar stenosis and bilateral S1 joint disease. Treatment to date has included surgery, physical therapy, and medications. On April 14, 2015, the injured worker complained of back pain rated as a 6-7 on a 0-10 pain scale. Notes stated that he felt an improvement immediately after his surgery a week prior to the exam day. The treatment plan included medications, weaning medications, follow-up visit and a request for spinal cord stimulator explant. On June 4, 2015, Utilization Review non-certified the request for Flurbi (NAP) cream 180 gms and Terocin patches #30, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) Cream 180 Grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Flurbiprofen also contains a topical anti-depressant (Amitriptyline) which is not recommended due to lack of clinical evidence. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The claimant did not have the above diagnoses. Combined use with other topical analgesics such as Terocin (which also contains NSAIDs) is not supported by clinical evidence. The Flurbiprofen is not medically necessary.

Terocin Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The Terocin was combined with Flurbiprofen, which also contains Lidocaine. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.