

Case Number:	CM15-0174373		
Date Assigned:	09/25/2015	Date of Injury:	05/24/2014
Decision Date:	11/10/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 24, 2014. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve requests for several topical compounded medications. RFA forms of March 2, 2015 and March 26, 2015 were cited in the determination, along with progress notes dated February 19, 2015 and April 20, 2015. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant reported ongoing complaints of low back and hip pain. The applicant was off work, on total temporary disability, it was reported. Medication selection and medication efficacy were not seemingly discussed. On April 20, 2015, the applicant again reported ongoing complaints of mid and low back pain. A rather proscriptive 10-pound lifting limitation was endorsed, although it was acknowledged that the applicant was not working with said limitation in place. Severe pain complaints were noted in the 7-8/10 range. The applicant was "unemployed," it was stated in the Social History section of the note. The applicant's medications included Zestril, methadone, several topical compounds, naproxen, Norflex, Prilosec, and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective FCG 15%, 4%, 10% 180gm (DOS: 3/2/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-cyclobenzaprine-gabapentin (FCG) topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes.

This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as naproxen and Norflex, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

Retrospective Terocin patch #30 (DOS: 3/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol ...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: Similarly, the request for Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of first-line oral pharmaceuticals such as naproxen effectively obviated the need for the capsaicin component of the amalgam. Since the capsaicin component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.