MAXIMUS Federal Services

Case Number:	CM15-0023250		
Date Assigned:	02/12/2015	Date of Injury:	02/13/2012
Decision Date:	06/05/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 67 year old female, who sustained a repetitive strain injury on 02/13/2012. The injured worker was diagnosed as having bilateral overuse syndrome, cervical spine sprain/strain, and bilateral carpal tunnel syndrome. Treatment to date has included medications, and electrodiagnostic studies. A Request for Authorization form was submitted on 01/08/2015 for Xolido 2% cream, a psychiatrist evaluation, gabapentin 100 mg, and bilateral wrist braces. However, the latest physician progress note submitted for this review is documented on 08/08/2014. The injured worker presented for a follow-up evaluation with discomfort and numbness in the bilateral hands. The injured worker also reported painful range of motion involving the cervical spine. Upon examination, there was decreased range of motion of the cervical spine, normal range of motion of the bilateral wrists with pain, decreased motor and sensory examination, and positive Tinel's and Phalen's signs. Treatment recommendations at that time included prescriptions for Xolido 2% cream, topical compounded creams, a psychiatrist evaluation, a hand surgeon evaluation, and a prescription for gabapentin 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2%, quantity not indicated: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend lidocaine in the form of a cream, lotion, or gel. The current request cannot be determined as medically appropriate at this time. There is also no frequency or quantity listed in the request. There is no mention of a failure of first line oral medication prior to the initiation of a topical analgesic. Given the above, the request is not medically necessary.

Terocin 240ml, quantity not indicated: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.

Somnicin, quantity 80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Laxacin, quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation National Health Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of chronic constipation within the medical records submitted for this review. In addition, there is no frequency listed in the request. There is also no mention of a failure of first line treatment prior to the initiation of a prescription product. Given the above, the request is not medically necessary.

Gabacyclotram 180gm, quantity not indicated: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Muscle relaxants are also not recommended for topical use. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flurbi (NAP) cream-LA 180gm, quantity not indicated: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.