

Case Number:	CM15-0025811		
Date Assigned:	02/18/2015	Date of Injury:	02/14/2006
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 57-year-old female, with a reported date of injury of 02/14/2006. The diagnoses include status post right shoulder arthroscopy, cervical neuropathy and neuralgia, and myofascial pain in the bilateral upper extremities. Treatments have included heat, massage, oral medications, and right shoulder surgery in 2010. The follow-up management consultation report dated 12/04/2014 indicates that the injured worker reported right arm and elbow pain. She rated the pain 6 out of 10, and indicated that the pain was constant. The injured worker also complained of constant left shoulder and shoulder blade pain, which was rated 10 out of 10. There was also left-sided body intercostal muscle pain, left forearm pain, and left arm pain. The physical examination showed full, unrestricted, painless range of motion of the right shoulder, painful range of motion of the left shoulder, painful range of motion of the right elbow, pain with palpation of the right shoulder, right arm, and right elbow, moderate pain with palpation over the left shoulder, moderate pain with palpation over the left body wall, and an antalgic gait. The treating physician requested topical Gabapentin 3 grams, Amitriptyline 1.5 grams, Capsaicin 0.0075 grams in a Versapro Base and Terocin MG. The rationale for the request was not indicated. On 01/12/2015, Utilization Review (UR) denied the retrospective request for topical Gabapentin 3 grams, Amitriptyline 1.5 grams, Capsaicin 0.0075 grams in a Versapro Base (dates of service: 11/13/2014, 11/18/2014, and 12/04/2014) and Terocin MG (date of service: 12/04/2014). The UR physician noted that there was no indication of medical necessity for the medications. The MTUS ACOEM Guidelines and the MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Gabapentin 3gm, Amitriptylin 1.5gm, Capsaicin 0.0075gm in a Versapro Base for dates of service 11/13/14, 11/18/14, and 12/4/14: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams.The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Terocin MG for date of service 12/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.