

Case Number:	CM15-0033709		
Date Assigned:	02/27/2015	Date of Injury:	09/09/2010
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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, Florida
 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 29 year old male who sustained a work related injury to his left shoulder as a landscaper on September 9, 2010. The injured worker underwent on a left shoulder magnetic resonance imaging (MRI) performed on August 29, 2014, which demonstrated mild productive changes at the acromioclavicular joint and supraspinatus tendinosis. The injured worker was diagnosed with bursitis of the shoulder, myalgia and cervical disc disorder with radiculopathy. According to the primary treating physician's progress report on January 23, 2105, the patient continues to experience shoulder and neck pain but both are improving. The neck pain was noted to radiate to the left upper extremity associated with numbness and tingling sensation. There were objective findings of decreased sensation along the left C6, C7 and C8 dermatomes. Current medications are listed as Norco, Terocin Patches, Gabapentin and topical analgesics. Treatment modalities consist of physical therapy, chiropractic therapy, and left shoulder joint steroid injection (December 11, 2014), home exercise program with heat prior to stretching exercises, ice at night, oral medication and topical analgesics. The treating physician requested authorization for Gabapentin 300 mg #30; Retrospective Terocin patches #30 dispensed on 12/18/2014; Retrospective Menthoderm lotion - 2 bottles dispensed on 12/18/2014. On February 9, 2015 the Utilization Review denied certification for Gabapentin 300 mg #30; Retrospective Terocin patches #30 dispensed on 12/18/2014; Retrospective Menthoderm lotion - 2 bottles dispensed on 12/18/2014. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment neuropathy and radiculopathy pain. The records indicate that the patient had subjective, objective and radiological findings consistent with cervical radiculopathy. There is documentation of significant pain relief and functional restoration with utilization of gabapentin. The patient is compliant. There was no reported adverse medication effect. The criteria for the use of gabapentin 300mg #30 was met.

Retrospective Terocin patches #30 dispensed on 12/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Compound product.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records indicate that the patient is utilizing oral anticonvulsant medication. The dose of the gabapentin has not been titrated to optimum effective dosage. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The Terocin patch contains menthol 10%/capsaicin 0.025%/lidocaine 2.5%/methyl salicylate 25%. There is lack of guidelines support for the chronic use of topical formulations of menthol and methyl salicylate for the treatment of skeletal pain. The criteria for the retrospective use of Terocin patch #30 dispensed 12/18/2014 was not met.

Retrospective Methoderm lotion - 2 bottles dispensed on 12/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records indicate that the patient is utilizing oral anticonvulsant medication. The dose of the gabapentin have not been titrated to optimum effective dosage. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The Methoderm lotion contains menthol 10%/methyl salicylate 15%. There is lack of guidelines support for the chronic use of topical formulations of menthol and methyl salicylate for the treatment of skeletal pain. The criteria for the retrospective use of Methoderm lotion -2 bottles dispensed 12/18/2014 was not met.