

Case Number:	CM15-0039886		
Date Assigned:	03/10/2015	Date of Injury:	02/18/2014
Decision Date:	04/20/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on February 18, 2014. He reported headaches, neck pain, back pain and traveling burning pain, anxiety, depression and lower extremity pain. The injured worker was diagnosed as having chronic pain, cervical spine pain, lumbar spine pain, lower extremity neuritis and referred pain to the bilateral shoulders. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies including physical therapy and acupuncture, medications, urinary drug screens and work restrictions. Currently, the injured worker complains of headaches, neck pain, back pain, lower extremity pain, depression, anxiety and referred burning sensations. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He has been treated conservatively without resolution of the pain and associated symptoms. Evaluation on September 9, 2014, revealed continued pain. It was noted the urinary drug screen was consistent with expectations. Evaluation on December 2, 2014, revealed continued pain. Physiotherapy was recommended and medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10%: Upheld

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

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

Decision rationale: According to the 02/04/2015 report, this patient presents with burning middle back pain and constant burning low back pain that is a 7/10. The current request is for Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10%. The request for authorization is not included in the file for review. The patient's work status is to remain off-work until 03/02/2015. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended; topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. In this case, MTUS does not support gabapentin as a topical product. The current request IS NOT medically necessary.

Flurbiprofen 20%/ Baclofen 10%/ Dextromehorplan 2%: Upheld

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

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

Decision rationale: According to the 02/04/2015 report, this patient presents with burning middle back pain and constant burning low back pain that is a 7/10. The current request is for Flurbiprofen 20%/ Baclofen 10%/ Dextromehorplan 2%. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. In this case, MTUS does not support Baclofen as a topical product. The current request IS NOT medically necessary.

Terocin Patch: Upheld

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

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

Decision rationale: According to the 02/04/2015 report, this patient presents with burning middle back pain and constant burning low back pain that is a 7/10. The current request is for Terocin Patch. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The

MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient presents with cervical and lumbar neuropathic pain but is not peripheral and localized. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial pain but for peripheral, localized neuropathic pain. The current request IS NOT medically necessary.