

Case Number:	CM15-0061437		
Date Assigned:	04/07/2015	Date of Injury:	12/17/2008
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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 46 year old female, who sustained an industrial injury on December 17, 2008. The injured worker was diagnosed as having cervical strain/sprain, cervical radiculopathy, thoracic and lumbar strain/sprain, left knee surgery and left shoulder surgery. Treatment and diagnostic studies to date have included medication, home exercise and surgeries. A progress note dated February 13, 2015 provides the injured worker complains of neck pain rated 5/10 radiating to right arm with numbness and tingling, mid back pain rated 5/10, low back pain rated 3/10 radiating to legs, left shoulder pain rated 3/10 and left knee pain rated 3/10. Physical exam notes cervical and trapezius tenderness with spasm. There is negative Spurling's test. Lumbar exam notes tenderness and spasm with positive straight leg raise bilaterally. The plan includes medication through various routes, home exercise and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml: 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 Analgesics Page(s): 111-113.

Decision rationale: The injured worker had neck pain that was 5/10 and was radiating to the right arm with numbness and tingling. The injured worker also had midback pain that was rated 5/10. The injured worker had low back pain that was rated 3/10 that radiated to the legs and left shoulder and was rated 3/10. The injured worker also had left knee pain that was rated 3/10. The injured worker also had decreased range of motion in the cervical spine, lumbar spine, thoracic, and shoulder. There was decreased sensation to light touch and pinprick along the C6 nerve root distribution bilaterally. There was also tenderness to palpation in the cervical spine and trapezius, as well as tenderness and spasm with a positive straight leg raise and a lumbar exam. The California Medical Treatment Guidelines note that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical lidocaine is only recommended for localized peripheral pain after there has been evidence of a first line trial of therapy and is only supported as a dermal patch. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to treatment. As such, the request for Terocin 120 mL is not medically necessary.

Flurbi Nap cream -LA 180gms: 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 Analgesics Page(s): 111-113.

Decision rationale: The injured worker had neck pain that was 5/10 and was radiating to the right arm with numbness and tingling. The injured worker also had midback pain that was rated 5/10. The injured worker had low back pain that was rated 3/10 that radiated to the legs and left shoulder and was rated 3/10. The injured worker also had left knee pain that was rated 3/10. The injured worker also had decreased range of motion in the cervical spine, lumbar spine, thoracic, and shoulder. There was decreased sensation to light touch and pinprick along the C6 nerve root distribution bilaterally. There was also tenderness to palpation in the cervical spine and trapezius, as well as tenderness and spasm with a positive straight leg raise and a lumbar exam. The California Medical Treatment Guidelines note that topical nonsteroidal anti-inflammatory agents are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short term use of 4 to 12 weeks. It is not recommended for neuropathic pain. The only FDA approved NSAID is Voltaren gel or diclofenac. Since the request for Flurbi Nap cream LA 180 grams is not an FDA approved agent and nonsteroidal anti-inflammatory agent topical analgesics are not recommended for neuropathic pain, the request is not supported. Therefore, the request for Flurbi Nap cream LA 180 grams is not medically necessary.

Gabacyclotram 180gms: 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 Analgesics Page(s): 111-113.

Decision rationale: The injured worker had neck pain that was 5/10 and was radiating to the right arm with numbness and tingling. The injured worker also had midback pain that was rated 5/10. The injured worker had low back pain that was rated 3/10 that radiated to the legs and left shoulder and was rated 3/10. The injured worker also had left knee pain that was rated 3/10. The injured worker also had decreased range of motion in the cervical spine, lumbar spine, thoracic, and shoulder. There was decreased sensation to light touch and pinprick along the C6 nerve root distribution bilaterally. There was also tenderness to palpation in the cervical spine and trapezius, as well as tenderness and spasm with a positive straight leg raise and a lumbar exam. The California Medical Treatment Guidelines note that any compounded product that contains at least 1 drug that is not recommended is not recommended. Gabapentin is not recommended as there is no peer reviewed literature to support use. There is no evidence for the use of any other muscle relaxant as a topical product. Therefore, the request for gabacyclotram 180 grams is not medically necessary.

Genicin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The injured worker had neck pain that was 5/10 and was radiating to the right arm with numbness and tingling. The injured worker also had midback pain that was rated 5/10. The injured worker had low back pain that was rated 3/10 that radiated to the legs and left shoulder and was rated 3/10. The injured worker also had left knee pain that was rated 3/10. The injured worker also had decreased range of motion in the cervical spine, lumbar spine, thoracic, and shoulder. There was decreased sensation to light touch and pinprick along the C6 nerve root distribution bilaterally. There was also tenderness to palpation in the cervical spine and trapezius, as well as tenderness and spasm with a positive straight leg raise and a lumbar exam. The California Medical Treatment Guidelines note that glucosamine is recommended as an option in low risk injured workers that have moderate arthritis pain, especially for knee osteoarthritis. There was no documentation that the injured worker has any knee osteoarthritis. Therefore, the request for Genicin #90 is not medically necessary.

Somnicin #30: 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), (2015), Pain, Insomnia Treatments.

Decision rationale: The injured worker had neck pain that was 5/10 and was radiating to the right arm with numbness and tingling. The injured worker also had midback pain that was rated 5/10. The injured worker had low back pain that was rated 3/10 that radiated to the legs and left shoulder and was rated 3/10. The injured worker also had left knee pain that was rated 3/10. The injured worker also had decreased range of motion in the cervical spine, lumbar spine, thoracic, and shoulder. There was decreased sensation to light touch and pinprick along the C6 nerve root distribution bilaterally. There was also tenderness to palpation in the cervical spine and trapezius, as well as tenderness and spasm with a positive straight leg raise and a lumbar exam. The Official Disability Guidelines note that there is no clear support for the use of L tryptophan, pyricloxiene, or magnesium in the management of injured workers conditions. There is limited support for the use of melatonin in the management of insomnia. There is also no documentation that the injured worker has any complaints of insomnia or has failed any nonpharmacological treatment. Therefore, the request for Somnicin #30 is not medically necessary.

Terocin pain patch #20: 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 Analgesics Page(s): 111-113.

Decision rationale: The injured worker had neck pain that was 5/10 and was radiating to the right arm with numbness and tingling. The injured worker also had midback pain that was rated 5/10. The injured worker had low back pain that was rated 3/10 that radiated to the legs and left shoulder and was rated 3/10. The injured worker also had left knee pain that was rated 3/10. The injured worker also had decreased range of motion in the cervical spine, lumbar spine, thoracic, and shoulder. There was decreased sensation to light touch and pinprick along the C6 nerve root distribution bilaterally. There was also tenderness to palpation in the cervical spine and trapezius, as well as tenderness and spasm with a positive straight leg raise and a lumbar exam. The California Medical Treatment Guidelines note that any compounded product that contains at least 1 drug that is not recommended is not recommended. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy and is only supported as a dermal patch. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. Since Lidoderm is the only FDA approved lidocaine patch and capsaicin is only recommended for injured workers who have not responded or are intolerant to treatments, the request is not supported. There is no documentation of the injured worker being intolerant or not responding to other treatments. Therefore, the request for Terocin pain patch #20 is not medically necessary.

Calypso 2% cream: 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 Analgesics Page(s): 111-113.

Decision rationale: The injured worker had neck pain that was 5/10 and was radiating to the right arm with numbness and tingling. The injured worker also had midback pain that was rated 5/10. The injured worker had low back pain that was rated 3/10 that radiated to the legs and left shoulder and was rated 3/10. The injured worker also had left knee pain that was rated 3/10. The injured worker also had decreased range of motion in the cervical spine, lumbar spine, thoracic, and shoulder. There was decreased sensation to light touch and pinprick along the C6 nerve root distribution bilaterally. There was also tenderness to palpation in the cervical spine and trapezius, as well as tenderness and spasm with a positive straight leg raise and a lumbar exam. The California Medical Treatment Guidelines note that 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 the injured worker has tried antidepressants and anticonvulsants and has failed these medication treatments. Therefore, the request for Calypso 2% cream is not medically necessary.