

Case Number:	CM15-0065175		
Date Assigned:	04/13/2015	Date of Injury:	04/30/2001
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 72-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of April 30, 2001. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve several topical compounded medications. An RFA form received on March 2, 2015 was referenced in the determination, along with a progress note dated February 12, 2015. The applicant's attorney subsequently appealed. On November 17, 2014, Prilosec, Neurontin, and several topical compounded medications were endorsed. Highly variable 6-9/10 pain complaints were noted. Permanent work restrictions imposed by a medical-legal evaluator were endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) container of 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Daily Med - TEROGIN- methyl salicylate, capsaicin, menthol dailymed.nlm.nih.gov/dailymed/drugInfo.cfmsetid=d9f3c4b8-7afb. Oct 1, 2010 - FDA Guidances & Information; NLM SPL Resources Capsaicin 0.025% Terocin methyl salicylate, capsaicin, menthol and lidocaine.

Decision rationale: No, the request for topical Terocin was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound at issue. The applicant's ongoing usage of first-line oral pharmaceuticals, including Neurontin, effectively obviated the need for the capsaicin-containing compound at issue, it is further noted. Therefore, the request was not medically necessary.

One (1) container of Flurbi (NAP) cream-LA 180 gram: 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): 112.

Decision rationale: Similarly, the topical compounded flurbiprofen-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the shoulder, i.e., a body part for which there is little evidence to support topical flurbiprofen. Therefore, the request was not medically necessary.

One (1) container of Gabacyclotram 180 grams: 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: Finally, the request for a Gabacyclotram topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the

entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.