

Case Number:	CM15-0070173		
Date Assigned:	04/17/2015	Date of Injury:	09/25/2013
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Emergency 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 37 year old female who sustained an industrial injury on 9/25/2013. Her diagnoses, and/or impressions, included: right shoulder impingement syndrome with tendonitis and bursitis; left shoulder bursitis with tendonitis - improving; cervical spine sprain/strain; right elbow epicondylitis with tendonitis; and right wrist sprain/strain with radio-ulnar effusion. Recent magnetic resonance imaging studies of the left shoulder was stated to have been done on 12/29/2014. Her treatments have included chiropractic treatments and medication management. EMG/NCV was done on 8/16/2014 and was reportedly normal. Progress notes of 1/27/2015 reported right shoulder and elbow symptoms with the elbow pain being worse than the shoulder pain. It was noted that she was offered injection therapy to the right elbow but refused, choosing to continue with further chiropractic measures; and was referred back to her primary treating physician for further disposition. The physician's requests for treatments were noted to include 3 compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Flurbi (Nap) Cream-LA-180gm; (flurbiprofen 20%-lidocaine 5%- amitriptyline 5%): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines topical analgesics Page(s): 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no neuropathic related pathology. Recent electrodiagnostic studies were normal. Another requested topical product also contains lidocaine leading to risk of toxicity. Not recommended. 3) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. The provider has requested topical products at the same time/ It is unclear how the provider expects the patient to use 2 compounded creams and a patch at the same area at the same time. There is not a single drug in the compounded product that is recommended. This non-evidence based compounded product is not medically necessary.

Retro: Gabacyclotram- 180gm; (Gabapentin 10%- cyclobenzaprine 6%- tramadol 10%):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines topical analgesics Page(s): 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 2) Cyclobenzaprine: Not recommended for topical application. Not FDA for topical application. 2) Tramadol is not FDA approved for topical use. There is no evidence for efficacy as a topical product. The provider has requested topical products at the same time. It is unclear how the provider expects the patient to use 2 compounded creams and a patch at the same area at the same time. There is not a single drug in the compounded product that is recommended. This non-evidence based compounded product is not medically necessary.

Retro: Terocin patches #30; (lidocaine 4%-menthol 4%) to use 1 patch daily as directed by the physician: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition (web), 2011, chronic pain, Salicylate topicals.

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

Decision rationale: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. It is not recommended due to no documentation of prior treatment failure. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of 1st line treatment failure and there is no documentation on where the patches are to be used. There is also another request for a lidocaine containing product leading to risk of toxicity. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but location of use is not documented. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. Since all components are not recommended, the combination medication Terocin, as per MTUS guidelines, is not medically necessary.