

Case Number:	CM15-0070314		
Date Assigned:	04/17/2015	Date of Injury:	09/21/2013
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
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: Physical Medicine & Rehabilitation, Pain Management, 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:

This 65 year old man sustained an industrial injury on 9/21/2013. The mechanism of injury is not detailed. Diagnoses include cervical spine pain, cervical radiculopathy, cervical disc displacement, left shoulder sprain/strain, left shoulder internal derangement, left elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar spine pain, lumbar spine radiculopathy, and lumbar disc displacement. Treatment has included oral medications. Physician notes on a PR-2 dated 2/5/2015 show complaints of neck pain rated 6/10, left elbow pain rated 6/10, left wrist pain rated 5/10, and low back pain rated 6/10. Recommendations include continuing physical therapy, acupuncture, shockwave therapy; Terocin patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, cyclobenzaprine, Gabapentin, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-112.

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

Decision rationale: MTUS 2009 states that topical analgesics are largely experimental and with few randomized controlled trials to determine efficacy and safety. Lidocaine is indicated for neuropathic pain due to post-herpetic neuralgia or diabetic neuropathy. Capsaicin is also indicated for neuropathic pain. There is no information concerning formulations which contain both capsaicin and Lidocaine. There are no studies provided which discuss formulations containing both of these drugs administered simultaneously. There are over the counter preparations of capsaicin and there is no indication that these have been tried before attempting an experimental formulation that does not have demonstrated efficacy or safety. Lidocaine is indicated for peripheral nerve pain attributable to diabetic neuropathy and post herpetic neuralgia. This patient is not diagnosed with either condition. This request for Terocin patches is denied since its use not adhere to MTUS 2009 and there is no explanation provided as to why it should be used instead of preparations recommended by the guidelines.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): s 16-19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The expert reviewer found no guidelines were applicable.

Decision rationale: There are no applicable guidelines for the use of Fanatrex. Fanatrex is a medication that contains gabapentin and unnamed proprietary active ingredients. There are no FDA trials demonstrating the safety of these unnamed proprietary active ingredients. Based upon the lack of guideline support for the use of these unnamed active proprietary ingredients, this request for Fanatrex is denied.