

Case Number:	CM15-0094598		
Date Assigned:	05/20/2015	Date of Injury:	03/12/2010
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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 58-year-old right-handed female, who sustained an industrial/work injury on 3/12/10. She reported initial complaints of right shoulder, right elbow, right wrist, hand, neck, and low back pain. The injured worker was diagnosed as having cervical radiculopathy, rule out right shoulder internal impingement, right lateral epicondylitis, right wrist chronic sprain/strain, clinical right lower extremity lumbar radiculopathy, rule out herniated nucleus pulposus. Treatment to date has included medication, physical therapy, and diagnostic testing. Currently, the injured worker complains of pain in neck, lumbar spine, right shoulder, right elbow, and right upper extremity. Per the primary physician's progress report (PR-2) on 1/21/15, examination revealed cervical/lumbar paraspinal tenderness and spasm, and right shoulder tenderness. Activity makes the pain worse for all symptomatic areas. There is anterior head gravitation with right head tilt, right high shoulder, left high ilium, decreased cervical curve, decreased upper thoracic kyphosis, decreased lumbar lordosis, decreased cervical range of motion as well as right shoulder range of motion. There is a global decrease in sensation over C5-6, C7-8 dermatomes, extreme pain in the right elbow. The requested treatments include retrospective request for Terocin (with DOS 1/29/2015), Flurbiprofen/Lidocaine/Amitriptyline (with DOS 1/29/2015), Gabapentin/Cyclobenzaprine/Tramadol (with DOS 1/29/2015), and Genicin (with DOS of 1/29/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin (with DOS 1/29/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patchestopical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with neck, right shoulder, right elbow, right wrist/hand, low back pain radiating to lower extremity rated 6-7/10. The request is for RETROSPECTIVE REQUEST FOR TEROGIN (WITH DOS 1/29/15). The request for authorization is not provided. Physical examination to the cervical spine reveals tenderness in the right paraspinal column with spasm. Range of motion is decreased. Exam of right shoulder reveals tenderness at the AC joint and along the course of the supraspinatus tendon. Extreme pain on range of motion. Exam of elbow reveals extreme pain in the right elbow with tenderness over the lateral epicondyle. Exam of wrist reveals generalized tenderness of the right wrist. Exam of the lumbar spine reveals tenderness in the right paraspinal column without spasm. She has sciatic notch tenderness. Range of motion is decreased. Patient has had sessions of PT and acupuncture. Patient's medications include Naproxen, Cyclobenzaprine and Omeprazole. Per progress report dated 01/21/15, the patient is temporarily totally disabled. Terocin patches are dermal patches with Capsaicin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%. MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "lidocaine indicates: Neuropathic pain. Recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches be indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. Treater does not specifically discuss this medication. Prescription history for this medication is not provided and it is not known how long the patient has been using the patches. In this case, the patient presents with localized peripheral pain, for which Terocin patch would be indicated. However, MTUS requires recording of pain and function when medications are used for chronic pain (p60). Given the lack of specific discussion regarding this topical product, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise unachieved without this product. Therefore, the request WAS NOT medically necessary.

Retrospective request for Flurbiprofen/Lidocaine/Amitriptyline (with DOS 1/29/2015): Upheld

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

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

Decision rationale: The patient presents with neck, right shoulder, right elbow, right wrist/hand, low back pain radiating to lower extremity rated 6-7/10. The request is for RETROSPECTIVE REQUEST FOR FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE (WITH DOS 1/29/15). The request for authorization is not provided. Physical examination to the cervical spine reveals tenderness in the right paraspinal column with spasm. Range of motion is decreased. Exam of right shoulder reveals tenderness at the AC joint and along the course of the supraspinatus tendon. Extreme pain on range of motion. Exam of elbow reveals extreme pain in the right elbow with tenderness over the lateral epicondyle. Exam of wrist reveals generalized tenderness of the right wrist. Exam of the lumbar spine reveals tenderness in the right paraspinal column without spasm. She has sciatic notch tenderness. Range of motion is decreased. Patient has had sessions of PT and acupuncture. Patient's medications include Naproxen, Cyclobenzaprine and Omeprazole. Per progress report dated 01/21/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not specifically discuss this medication. Prescription history for this medication is not provided and it is not known how long the patient has been using this cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Finally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request WAS NOT medically necessary.

Retrospective request for Gabapentin/Cyclobenzaprine/Tramadol (with DOS 1/29/2015):
Upheld

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

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

Decision rationale: The patient presents with neck, right shoulder, right elbow, right wrist/hand, low back pain radiating to lower extremity rated 6-7/10. The request is for RETROSPECTIVE REQUEST FOR GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL (WITH DOS 1/29/15). The request for authorization is not provided. Physical examination to the cervical spine reveals tenderness in the right paraspinal column with spasm. Range of motion is decreased. Exam of right shoulder reveals tenderness at the AC joint and along the course of the supraspinatus tendon. Extreme pain on range of motion. Exam of elbow reveals extreme pain in the right elbow with tenderness over the lateral epicondyle. Exam of wrist reveals generalized tenderness of the right wrist. Exam of the lumbar spine reveals tenderness in the right paraspinal column without spasm. She has sciatic notch tenderness. Range of motion is decreased. Patient has had sessions of PT and acupuncture. Patient's medications

include Naproxen, Cyclobenzaprine and Omeprazole. Per progress report dated 01/21/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not provide reason for the request. Prescription history for this medication is not provided and it is not known how long the patient has been using this cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Cyclobenzaprine and Tramadol, which are not supported for topical use. Therefore, the request WAS NOT medically necessary.

Retrospective request for Genicin (with DOS of 1/29/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Medications for chronic pain Page(s): 50, 60.

Decision rationale: The patient presents with neck, right shoulder, right elbow, right wrist/hand, low back pain radiating to lower extremity rated 6-7/10. The request is for RETROSPECTIVE REQUEST FOR GENICIN (WITH DOS 1/29/15). The request for authorization is not provided. Physical examination to the cervical spine reveals tenderness in the right paraspinal column with spasm. Range of motion is decreased. Exam of right shoulder reveals tenderness at the AC joint and along the course of the supraspinatus tendon. Extreme pain on range of motion. Exam of elbow reveals extreme pain in the right elbow with tenderness over the lateral epicondyle. Exam of wrist reveals generalized tenderness of the right wrist. Exam of the lumbar spine reveals tenderness in the right paraspinal column without spasm. She has sciatic notch tenderness. Range of motion is decreased. Patient has had sessions of PT and acupuncture. Patient's medications include Naproxen, Cyclobenzaprine and Omeprazole. Per progress report dated 01/21/15, the patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 50 under Glucosamine (and Chondroitin Sulfate) states: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." Treater does not specifically discuss this medication. Prescription history for this medication is not provided and it is not known how long the patient has been taking this medication. However, patient does not present with arthritis pain or knee osteoarthritis, for which Genicin would be indicated. Furthermore, the treater does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request WAS NOT medically necessary.