

Case Number:	CM14-0100983		
Date Assigned:	07/30/2014	Date of Injury:	02/18/2012
Decision Date:	09/30/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case involves a 27 year-old male patient with a 2/18/2012 date of injury. The mechanism of injury was when loading a port-a-john on a skid steer the skid steer lunged forward and ran over his left lower leg from behind twisting his lower back. On a progress report dated 4/9/14, the patient presented with low back pain that he rated as 7/10 on the Visual Analog Scale (VAS). He stated that the pain radiated to the lower extremities with numbness and tingling. Physical exam noted lumbar flexion to 50 degrees, extension to 15 degrees, right lateral flexion to 20 degrees, and left lateral flexion to 20 degrees. The patient is prescribed Alprazolam 1mg for anxiety, Tramadol 150mg for pain, Oxycodone 20mg, Soma 350mg, Genicin (glucosamine) for arthritic pain, and Somnicin(melatonin, 5-HTP, L-tryptophan, pyridoxine, and magnesium) for insomnia, anxiety, and muscle relaxation. The diagnostic impression is lumbar radiculopathy, and bilateral lumbar facet syndrome. Treatment to date includes diagnostics, MRI, lumbar ESIs, physical therapy, concurrently being treated for a left shoulder injury using private insurance, and medication management. A UR decision dated of 6/20/2014, denied the requests for Terocin 120ml, Xolindo 2% cream, Gabacyclotram gel 180gm, and Glurbi (NAP) cream-LA 180gm. All 4 requests are for topical analgesics. The rationale for denial of all 4 requests was that CA MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of oral first-line antidepressants and anticonvulsants have failed. Treatment to date: Diagnostics, MRI, lumbar ESIs, physical therapy, concurrently being treated for a left shoulder injury using private insurance, and medication management. A UR decision dated of 6/20/2014 denied the requests for Terocin 120ml, Xolindo 2% cream, gabacyclotram gel 180gm, and flurbi (NAP) cream-LA 180gm. All 4 requests are for topical analgesics. The rationale for denial of all 4 requests was that CA MTUS guidelines state that

topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of oral first-line antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints: Topical Analgesics.

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

Decision rationale: An online search revealed that Terocin is a topical pain relief lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. This medication is being used as a topical analgesic for this patient. CA MTUS guidelines also state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain after the failure of oral first-line antidepressants and anticonvulsants. However, there is no evidence of neuropathic pain or failures of the first-line agents in the reports. Therefore, the request for Terocin 120ml is not medically necessary.

Xolindo 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints: Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Xolindo 2% is compounded cream containing 2% lidocaine. CA MTUS guidelines do not recommend lidocaine for topical application. Topical analgesics are primarily recommended for neuropathic pain after trials of first-line oral antidepressants and

anticonvulsants have failed. However, there is no documentation of neuropathic pain or any first-line failures in these reports. Therefore, the request for Xolindo 2% cream is not medically necessary.

Gabacyclotram Gel 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabacyclotram is a compounded formulation of Gabapentin, an anticonvulsant agent, Cyclobenzaprine, a centrally sedating muscle relaxant, and Tramadol, an opioid agent. CA MTUS guidelines do not recommend the use of topical analgesics. Guidelines state that topical analgesics are recommended primarily for neuropathic pain after trials of first-line oral antidepressants and anticonvulsants have failed. However, there is no evidence of neuropathic pain or any first-line failures in these reports. Therefore, the request for Gabacyclotram Gel 180gm is not medically necessary.

Flurbi (NAP) Cream-LA 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded products.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbi (NAP) cream-LA is a compounded formulation of Glurbiprofen 20%, a NSAID agent, lidocaine 5%, a topical analgesic agent, and amitriptyline 4%, a tri-cyclic antidepressant agent. CA MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. They should be used primarily for neuropathic pain after first-line trials of oral antidepressants and anticonvulsants have failed. However, there are no reports in the documentation of neuropathic pain or any first-line trial failures. Therefore, the request for Flurbi (NAP) cream-LA 180gm is not medically necessary.

