

<b>Case Number:</b>	CM14-0145912		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 32-year-old female who reported an injury on 08/23/2011. The mechanism of injury was the injured worker was lifting a bag of trash into a dumpster and got hurt. The injured worker underwent a left carpal tunnel release and cubital tunnel release. The injured worker's medication history included nabumetone as of at least 2013. The medication Gabapentin was added on 06/05/2014. The medication Lidocaine patch was added on 07/10/2014. The documentation of 08/11/2014 revealed the injured worker was being treated for left radial tunnel syndrome. The injured worker had incisional tenderness and gradual improvement of neurologic pain in the ulnar nerve distribution. On physical examination, there was no evidence of complex regional pain syndrome and the injured worker had appropriate tenderness over the carpal tunnel incision site. The treatment plan included a continuation of therapy and anti-inflammatories and return to the office in 4 weeks. The diagnosis included left cubital tunnel and carpal tunnel syndrome. The diagnostic studies were not provided. There was no request for authorization submitted for the requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NABUMETONE 750MG 1 PO BID #60:** 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 NSAIDS, Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of pain. It is generally recommended for the lowest effective dose to be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for nabumetone 750 mg 1 by mouth twice a day #60 is not medically necessary.

**GABAPENTIN 600MG 1 PO 1D:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was for at least 2 months. Given the above, the request for gabapentin 600 mg 1 by mouth every day is not medically necessary.

**TEROCIN PATCH, 12 HRS ON/12 HRS OFF #31:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine, Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or

gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and menthol. The clinical documentation submitted for review failed to provide documentation of a trial and failure of an antidepressant and anticonvulsant. The injured worker was noted to be currently utilizing Gabapentin. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The duration of use was 1 month. Given the above, the request for Terocin patches 12 hours on 12 hours off #31 is not medically necessary.