

<b>Case Number:</b>	CM13-0003134		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/21/2004
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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 Internal 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:

The claimant's diagnosis is internal derangement of knee with a date of injury 01-21-2004. Physical examination: right knee reveals palpable tenderness and effusion, range of motion 0-130 degrees. The primary treating physician's progress report dated 07-29-2013 documented medication including Vicodin, Prilosec, Colace, and Terocin. The primary treating physician's progress report dated 06-28-2013 also documented medication including Vicodin, Prilosec, Colace, and Terocin with a diagnosis of internal derangement of knee. Physical examination: right knee tenderness and effusion, range of motion 0-135 degrees. A utilization review decision date was 07-18-2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TEROGIN LOTION 120 ML. BETWEEN 6/28/2013 AND 9/14/2013.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 56-57.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic, containing methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Per MTUS guidelines, capsaicin is considered only as an option in patients who have not responded or are intolerant to other treatments. The patient has tolerated Vicodin. There is no documentation of non-response or intolerance to other treatments. Per MTUS guidelines, capsaicin is not recommended. MTUS guidelines state that only FDA-approved lidocaine products are currently recommended. Lidoderm (lidocaine patch) is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not a first-line treatment. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. For non-neuropathic pain, topical lidocaine is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Per MTUS guidelines, the use of topical lidocaine is only supported for post-herpetic neuralgia. Medical records do not document a diagnosis of post-herpetic neuralgia. The use of topical lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia is not supported. The use of topical lidocaine for non-neuropathic pain is not supported. Medical records document a diagnosis of internal derangement of knee. Patient does not have post-herpetic neuralgia. Patient does not have neuropathic pain. Per MTUS guidelines, the use of topical lidocaine for non-neuropathic pain is not supported. MTUS guidelines state that any compounded topical analgesics product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of Terocin. Therefore, the request for 1 Prescription of Terocin Lotion 120 ml is not medically necessary.

**THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLURBIPROFEN 25%/ WITH LIDOCAINE 5% 120 GM. BETWEEN 6/28/2013 AND 9/14/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 111-113.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. For chronic musculoskeletal pain, there are no long-term studies of their effectiveness or safety. Official Disability Guidelines (ODG) Pain (Chronic) addresses topical analgesics containing non-steroidal anti-inflammatory agents (NSAIDs). There is little research available in terms of bioavailability and objective clinical endpoints for these

agents. FDA-approved agents: At this time, the only available FDA-approved topical NSAID is diclofenac. Flurbiprofen is FDA approved as oral tablet and ophthalmic formulations. No topical analgesic formulation of flurbiprofen is FDA approved. MTUS, ODG, and FDA guidelines do not support the medical necessity of Flurbiprofen topical. MTUS guidelines state that only FDA-approved lidocaine products are currently recommended. Lidoderm (lidocaine patch) is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not a first-line treatment. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. For non-neuropathic pain, topical lidocaine is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Per MTUS guidelines, the use of topical lidocaine is only supported for post-herpetic neuralgia. Medical records do not document a diagnosis of post-herpetic neuralgia. The use of topical lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia is not supported. The use of topical lidocaine for non-neuropathic pain is not supported. Medical records document a diagnosis of internal derangement of knee. Patient does not have post-herpetic neuralgia. Patient does not have neuropathic pain. Per MTUS guidelines, the use of topical lidocaine for non-neuropathic pain is not supported. MTUS guidelines state that any compounded topical analgesics product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for 1 Prescription of Flurbiprofen 25%/ with Lidocaine 5% 120 gm is not medically necessary.

**THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF COLACE 100 MG. # 60 BETWEEN 6/28/2013 AND 9/14/2013: Overturned**

**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 OPIOIDS Page(s): 77.

**Decision rationale:** According to the medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 77): Regarding the use of opioids, prophylactic treatment of constipation should be initiated. The Official Disability Guidelines (ODG) addresses opioid-induced constipation treatment. Opioid-induced constipation is a common adverse effect of long-term opioid use. Prophylactic treatment of constipation should be initiated. Medical records document prescription of the opioid Hydrocodone. MTUS and ODG guidelines support the medical necessity of prophylactic treatment of constipation. Therefore, the request for 1 Prescription of Colace 100 mg #60 is medically necessary.

**THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PRILOSEC 20 MG. #60 BETWEEN 6/28/2013 AND 9/14/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 68-69) recommends proton pump inhibitors for patient with gastrointestinal risk factors. No gastrointestinal symptoms or conditions are documented in the medical records. No gastrointestinal risk factors were documented. Therefore the use of Prilosec, a proton pump inhibitor, is not supported by MTUS guidelines and medical records. Therefore, the request for 1 Prescription of Prilosec 20 mg #60 is not medically necessary.