

<b>Case Number:</b>	CM13-0008926		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 ABFP, has a subspecialty in ABPM 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 is a 59-year-old female patient sustained a work-related injury on October 12, 2006 involving both her knees. She had a diagnosis of degenerative joint disease of the knee as well as a tear of the right medial meniscus. She had received Celebrex as well as steroid injections in her knees. The examination note on May 8, 2013 stated that her right knee had decreased painful range of motion continued crepitus. The subsequent note on May 15, 2013 indicated she received an additional steroid injections in the knee along with a prescription for Neurontin and Voltaren gel. Examination note on July 18, 2013 stated the claimant had continued nine out of 10 right knee pain. A trial prescription was given for Terocin cream and to discontinue the Voltaren gel. A request for physical therapy was made as well as continuation of Neurontin and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 49.

**Decision rationale:** Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anticonvulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Gabapentin listing for more information and references. The claimant did not have neuropathy or neuralgia for which Neurontin would be indicated. There was also no noted improvement in pain skills over several months. As a result the Neurontin is not medically necessary.

**TEROCIN CREAM, TRIAL QTY: 1.00:** 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 ANALGESICS Page(s): 111-112.

**Decision rationale:** Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%. According to the MTUS guideline: topical Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The claimant does not have knee neuropathy and the MTUS guidelines state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore Terocin Cream is not medically necessary.