

<b>Case Number:</b>	CM13-0014662		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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 patient is a 53-year-old female who reported an injury on 06/20/2005. The patient is currently diagnosed with right shoulder internal derangement, lumbar herniated nucleus pulposus, lumbar radiculopathy, anxiety, and stress. The patient was seen by [REDACTED] on 09/22/2013. Physical examination revealed a well-healed surgical scar over the lateral deltoid portion of the shoulder, tenderness to palpation to the subacromial space and the supraspinatus insertion, diminished range of motion on the right, intact sensation, decreased strength, and 2+ deep tendon reflexes. The patient also demonstrated tenderness with spasm in the lumbar paraspinal muscles and lumbosacral junction with decreased range of motion and decreased strength. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**for New Terocin Lot Day Supply: 20 Qty: 240 Refills: Upheld**

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

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

**Decision rationale:** The requested new Terocin lot is not medically necessary or appropriate. There was no recent clinical documentation to support the patient had continued deficits that would require medication management. The requested Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol as topical agents; however, the use of capsaicin is only recommended for patients who are intolerant or unresponsive to other treatments. Additionally, lidocaine in the form of a cream is not supported by guideline recommendations. As there was no documentation to determine whether the patient had received any interim treatment that failed to resolve the patient's symptoms, this medication would not be indicated. As such, the requested Terocin is not medically necessary or appropriate.

**CMPD-Flurbipro/Lidocaine/Amitripty-PCCA Lipo Day Supply: 20 QTY: 180 Refills:**  
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): 60, 111.

**Decision rationale:** The requested compounded agent, flurbiprofen/lidocaine/amitriptyline is not medically necessary or appropriate. There was no recent clinical documentation to support physical deficits that would require medication management. California Medical Treatment Utilization Schedule recommends the use of flurbiprofen when patients are intolerant of oral non-steroidal anti-inflammatory drugs. There was no clinical documentation submitted for review to determine any interim treatment the patient has failed to respond to. Additionally, California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream. Also, California Medical Treatment Utilization Schedule does not recommend the use of chronic pain medications be introduced in groups. It is recommended that each medication be introduced individually to determine the efficacy of each medication. Therefore, a compounded agent that includes amitriptyline would not be supported. As such, the requested flurbiprofen/lidocaine/amitriptyline is not medically necessary or appropriate.

**CMPD-Gabapenti/Cyclobenz/Tramadol-PCCA Lipo Day Supply: 20 Qty: 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111.

**Decision rationale:** The requested compounded agent, gabapentin/cyclobenzaprine/tramadol is not medically necessary or appropriate. There was no recent clinical documentation to support medical deficits that would require medication management. Additionally, California Medical Treatment Utilization Schedule does not support the use of gabapentin as a topical agent. California Medical Treatment Utilization Schedule states any compounded agent that contains

one drug (or drug class) that is not supported by guideline recommendations is not recommended. Additionally, California Medical Treatment Utilization Schedule states medications use for the management of chronic pain should be introduced individually to establish the efficacy of each medication. Therefore, a compounded medication that contains abapentin/cyclobenzaprine/tramadol would not be medically necessary or appropriate.

**Somnicin CAP Day Supply: 30 Qty: 30 Refills: 00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. Insomnia Treatments and Other Medical Treatment Guidelines (web) beforeitsnews.

**Decision rationale:** The requested Somnicin capsules are not medically necessary or appropriate. There was no recent clinical documentation to support deficits that would require medication management. Official Disability Guidelines do support the use of medication management for persistent insomnia. The requested medication is a non-habit-forming sleep aid. However, there was no clinical documentation submitted for review to support that the patient has insomnia and poor sleep hygiene that would require medication management. As such, the requested Somnicin capsules are not medically necessary or appropriate.

**Prescription Synapryn 10mg/ml oral suspension 500ml, #1: 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 Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain. Additionally, there is no indication that this patient is unable to swallow pills or capsules. Based on the clinical information received, the request for prescription of Synapryn 10mg/ml oral suspension 500ml #1 is non-certified.