

<b>Case Number:</b>	CM13-0015730		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	12/30/2008
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Arizona. 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 woman with a medical history of hypertension, medication-induced gastropathy and adjustment disorder who sustained a work-related injury on 12/30/08 with resulting chronic pain in the neck, back and both shoulders. The diagnosis include adjustment disorder, C3-C7 herniated nucleus pulposus, cervical radiculopathy, lumbar discopathy, chronic right shoulder pain, and chronic headaches. Previous treatments for the pain include right shoulder surgery, physical therapy, pain injections, acupuncture and both oral and topical analgesic medications. The patient's primary orthopedic provider ordered both Terocin lotion #120 with 2 refills and gabapentin (topical) 10% with capsaicin solution liquid # 120 with 2 refills. Medical records for review include a progress note by the treating orthopedic surgeon dated 4/16/13. The injured worker complained of pain in the neck, back, and shoulders. There was no documentation of functional improvement or limitations. The exam showed tenderness to palpation over the cervical and lumbar paravertebral muscles with decreased range of motion of the spine and dysesthesia at the C5-C7 dermatomes. Also noted was tenderness to palpation over the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN LOTION #120 30 DAY SUPPLY WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin and Topical Analgesics Page(s): 104, 111-113.

**Decision rationale:** According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. With regards to methyl salicylate, it is recommended for use in the MTUS for chronic pain as it is significantly better than placebo. The MTUS is silent regarding menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is not documented in the medical record if the patient has tried and failed first line treatment for chronic pain including antidepressant and anticonvulsant medications. Topical lidocaine 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 and AED (gabapentin or Lyrica). It is not a first-line treatment and 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding the use of Terosin lotion for the use of chronic pain, lidocaine and capsaicin are considered not medically necessary due to the lack of documentation that the patient has tried and failed first line therapy. Furthermore the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.

**GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQ #120 30 DAY SUPPLY WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** The injured worker suffers from chronic pain in the neck, back and bilateral shoulders. She is diagnosed with cervical radiculopathy and lumbar discopathy with chronic pain. According to the MTUS, topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. Since part of the compounded product of gabapentin and capsaicin is not medically necessary the entire product is not medically necessary per MTUS recommendations.