

<b>Case Number:</b>	CM13-0033409		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] senior clerk and typist who has filed a claim for chronic elbow pain, chronic forearm pain, and carpal tunnel syndrome reportedly associated with cumulative trauma at work between the dates of May 8, 2008, and May 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; medical foods; and extensive periods of time off of work. In a utilization review report of September 25, 2013, the claims administrator denied a request for Terocin lotion, Genacin, a flurbiprofen-containing topical compound, a gabapentin-containing topical compound, and Laxacin. The applicant's attorney later appealed, on October 4, 2013. An earlier progress note of July 2, 2013, is notable for comments that the applicant reports persistent low back pain. She has decreased range of motion about the thoracic spine. She is asked to remain off work, on total temporary disability. A note of July 5, 2013, is notable for comments that the applicant pursued acupuncture while remaining off of work, on total temporary disability. A handwritten, difficult-to-read progress note of January 9, 2013, is notable for comments that the applicant is using oral Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 240gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0-4a4a-adee-670073e4b22c>

**Decision rationale:** Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, menthol, and capsaicin. In this case, one of the ingredients in the topical compound, capsaicin, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, is recommended only as an option in those applicants who have not responded to and/or are intolerant to other treatments. In this case, however, there is no clear evidence of intolerance to and/or failure of first-line oral pharmaceuticals. An earlier progress note of January 2013 was notable for comments that the applicant was using oral Norco as of that point. The attending provider has not set forth any compelling case for usage of the capsaicin-containing compound. Therefore, the request is not certified.

**Genicin 500mg #90:** 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): 50. Decision based on Non-MTUS Citation [www.drugs.com/sfx/genicin-side-effects.html](http://www.drugs.com/sfx/genicin-side-effects.html).

**Decision rationale:** As noted on page 50 of MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated as an option in the treatment of knee arthritis. In this case, however, the documentation on file pertains largely to the applicant's ongoing issues with low back pain. There is no mention made of knee arthritis for which usage of Genacin (glucosamine) would be indicated. Therefore, the request is not certified.

**Flubiprofen (NAP) cream-LA 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals represent the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for topical analgesics or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "large experimental." Therefore, the request is noncertified.

**Gaba/Cyclo/Trama 10/6/10% 180gm:** 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): s 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine is recommended for topical compound use purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**Laxacin 100gm:** 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): 77.

**Decision rationale:** Laxacin is a laxative. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic treatment of constipation in those applicants in whom opioid therapy has been initiated, in this case, however, it is not clear that the applicant was in fact using opioids at or around the utilization review decision of September 25, 2013. While the applicant was using an opioid, Norco, in January 2013, there is no evidence that she was doing so at or around the time of the utilization review decision. Therefore, the request is not certified.