

<b>Case Number:</b>	CM13-0036261		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/13/1978
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Emergency 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:

Patient with date of injury on 8/4/1997. Reported slip and fall. Pt has a diagnosis of lumbar musculoligament strain, lumbar disc disease, lumbar facet syndrome and R sacroiliac joint arthropathy post spinal lumbar laminectomy on 7/1999 and spinal cord stimulator implantation on 9/2010. Most recent primary treating physician report on 6/6/13 by [REDACTED] (Physical Medicine and Rehab) was reviewed. Multiple older hand-written PR2 reports were reviewed with many are not clear or legible but does not affect review decision. Pt noted to be complaining of continued sleep difficulties due to low back pain. Was prescribed Remeron with some improvement with sleep. Pt reports leg and foot spasms at night. Low back pain continues to radiate down leg. Uses Vicodin 4-5 tablets daily for pain. Objective exam shows surgical scar, patchy decreased sensation in bilateral lower extremities. Positive straight leg bilaterally. Paraspinal tenderness bilaterally. Reportedly has been through physical therapy, chiropractic, medications and home exercise programs. Has received intraarticular and sacroiliac injections. Also has a spinal cord stimulator that is becoming less effective. X-ray on 7/19/12 shows spinal cord leads are appropriate with degenerative disease from L3-S1 with collapse of disc space at L3-4 and L4-5 and L5-S1 and post surgical changes. There is no current medication list found from the notes provided by her physicians. Most recent medication list from was her dentist on 7/7/13 with Nizatidine, Hypertensa, Omeprazole, Laxatin, Losartan, Somnicinc, Cyclobenzaprine, Vicodin, Vetoprofen, Genicen and Mirtazapine. Review is for Terocin lotion 240ml, Genicin 500mg, Flurbiprofen/Lidocaine/Amytrypline HCL powder/Lipoderm compound and Gabapentin/Cyclobenzaprine/Tramadol/Lidoderm base compound. Utilization review on 7/9/13 recommended non-certification for all requested medications except for one which is not part of this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Terocin Lotion 240ml, #1, DOS 6/4/2013: 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).

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

**Decision rationale:** Terocin lotion is a combination medication containing methyl salicylate, capsaicin, menthol and lidocaine. AS per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1)Methyl-Salicylate: Shown to be superior to placebo. Should not be used long term. No evidence of efficacy for spinal pain or osteoarthritis of spine or hip. 2)Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. 3)Lidocaine: Only efficacy in neuropathic pain. Another requested compound also contains lidocaine leading to increased risk of toxicity. Not recommended in non-neuropathic pain. 4)Menthol: Do data in MTUS

### **Genicin 500mg, #90, DOS 6/4/2013: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and chondroitin sulfate) Page(s): 50.

**Decision rationale:** The Physician Reviewer's decision rationale: Genicin is glucosamine. As per MTUS guideline glucosamine is indicated for knee osteoarthritic pain. There is no evidence to support its use in sacroiliac or lumbar spine pain. It is not recommended.

### **Flurbiprofen Powder/Lidocaine Powder/Amitriptyline HCL Powder/PCCA lipoderm Base 180gm, #1, DOS 6/4/2013: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

**Decision rationale:** : As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1)Flurbiprofen is an NSAID(non-steroidal anti-inflammatory): Topical NSAID has light evidence of efficacy and is recommended for short course only. There is significant systemic absorption. Pt appears to be on another

NSAID(ketoprofen) and there is a request for another compound containing (methyl-salicylate)NSAIDs. There is a risk of toxicity in combination. It is not recommended. 2)Lidocaine powder: Only efficacy in neuropathic pain. Another requested compound also contains lidocaine leading to increased risk of toxicity. Not recommended in non-neuropathic pain. 3)Amitrptyline topical: Amitrpyline is a tricyclic antidepressant. MTUS does not show efficacy in spinal pain. It is only recommended for certain neuropathic pains and fibromyalgia. It is not recommended. 4)Lipoderm is not an active compound As per MTUS guidelines since topical flurbiprofen, amitrptyline and topical lidocaine is not recommended, the compound is not recommended. Multiple topical compounds were written by treating physician with no noted documentation as to rationale or indication.

**Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%/Lipoderm Base 180gm, #1, DOS 6/4/2013: 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).

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

**Decision rationale:** As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1)Gabapentin: Is an antiepileptic medication. It has indication for use in neuropathic pain. However studies only support its use in polyneuropathy and post-herpetic neuralgia. There is no evidence to support its use in spinal pain or radicular pain. It is not recommended 2)Cyclobenzaprine: Topical muscle relaxants (cyclobenzaprine) are not recommended due to lack of evidence of efficacy. Pt is also on oral flexeril increasing risk of toxicity. It is not recommended. 3)Tramadol is a centrally acting opioid with serotonin inhibitor effects. There is no evidence to support its use in a compounded product. 4)Lipoderm: None active base As per MTUS guidelines since all components of compound is not recommended, the compound is not recommended. Multiple topical compounds were written by treating physician with no noted documentation as to rationale or indication.