

<b>Case Number:</b>	CM13-0039426		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Orthopedic Surgery 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:

The injured worker is a 52 year-old individual who was reportedly injured on February 10, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 23, 2013, indicates that there are ongoing complaints of erectile dysfunction. The physical examination demonstrated changes consistent with erectile dysfunction. Diagnostic imaging studies objectified a disc herniation. Previous treatment includes multiple medications, treatment for sepsis. A request had been made for topical ointments and was not certified in the pre-authorization process on October 3, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbi (NAP) cream DOS: 5/30/13: 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 Topical Analgesics Page(s): 111,112 of 127.

**Decision rationale:** While noting that the California Medical Treatment Utilization Schedule or support topical non-steroidals for short-term applications, there is no support for chronic indefinite use. Furthermore, there is no indication that this individual has a contraindication to

oral administration of this medication. Therefore, based on the markedly limited clinical information presented for review there is no medical necessity established for this preparation.

**Retrospective request for Terocin lotion DOS: 5/30/13: 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): 112 of 127.

**Decision rationale:** This topical compounded treatment contains Methyl Salicylate, Capsaicin, Menthol and Lidocaine. The original injury was to the knee, there is a residual sleep apnea and erectile dysfunction noted. There is no neuropathic pain lesion objectified basin the records presented for review. Therefore, when one component of a product (Lidocaine) is not clinically indicated the entire product is not clinically indicated. The medical necessity for this compounded preparation is not established.

**Retrospective request for Genicin/Glucosamine DOS: 5/30/13: 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 Topical Analgesics Page(s): 111-113 of 127.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, there are no peer-reviewed studies supporting the topical application of this medication. Therefore, the medical necessity is not established in the medical records presented for review.

**Retrospective request for Gabacyclotram DOS: 5/30/13: 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): 111-113 of 127.

**Decision rationale:** Gabacyclotram is a topical preparation that contains Gabapentin, cyclobenzaprine and tramadol. The California Medical Treatment Utilization Schedule notes that the use of topical medications are largely experimental and there have been few randomized controlled trials. It further goes on to note that topical muscle relaxers and Gabapentin are not recommended or clinically indicated. As this compound contains both of these medications, this request is considered not medically necessary.

**Retrospective request for Laxacin DOS: 5/30/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77 of 127.

**Decision rationale:** This is a stool softener useful for the treatment of constipation. There is no clinical indication for this medication for this claimant. There is no documentation of constipation side effects. Colace is available as a generic formulation and it is also available as an over the counter product without a prescription. The medical necessity for this preparation is not present.

**Retrospective request for Somnicin DOS: 5/30/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in Worker's Compensation, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Medication Not Recommended for Chronic Pain (Insufficient Evidence (I)).

**Decision rationale:** This is a nutritional supplement and as outlined in the American College of Occupational and Environmental Medicine guidelines not recommended for chronic pain as there is insufficient evidence of any efficacy or utility. No medical necessity has been established for this product.