

<b>Case Number:</b>	CM13-0042455		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	09/18/2013
<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 Physical Medicine & Rehabilitation, 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:

This 61 year-old female sustained an injury on 3/12/10 while employed by the [REDACTED]. Requests under consideration include Retrospective DOS 5/23/13 New Terocin #240 20 day supply, Retrospective DOS 5/23/13 Genicin 50 mg capsule #90 30 day supply, Flurbiprofen/ Lidocaine/ Amitriptyline/ Lipoderm #180 20-day supply, Gabapentin/ Cyclobenzaprine/ Tramadol/ Penderm #180 20 day supply, Laxacin #100 25- day supply, and Somnicin capsule #30 30-day supply. Review indicates an upper GI series was done for indication of heartburn and constipation on 4/4/12 with negative results. Report of 3/23/11 from [REDACTED] noted patient returned for follow-up. Exam showed decreased left shoulder range with positive impingement sign; right elbow with tenderness and full range; left wrist with positive Finkelstein's and reduced sensation in left wrist; right wrist with positive Phalen's and Tinel's with reduced grip and sensation in median nerve distribution. Impression has Left shoulder impingement syndrome; bilateral epicondylitis; left De Quervain's tenosynovitis; bilateral moderate CTS per EMG; and Fibromyalgia. Treatment was to refill medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin #240 20 day supply:** 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.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate medications should be trialed one at a time. In addition, Boswellia serrata and topical Lidocaine are specifically "not recommended" per the MTUS Chronic Pain Guidelines. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. The request for Terocin #240 20 day supply is not medically necessary and appropriate.

**Genicin 50mg capsule #90 30-day supply:** 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 Glucosamine (and Chondroitin Sulfate.).

**Decision rationale:** The MTUS Chronic Pain Guidelines do support the use of Genicin as an option given its low risk in patients with moderate arthritis pain for knee osteoarthritis (OA); however, there is no diagnostic or clinical findings mentioned for OA nor was there any impression of OA submitted reports. Medical necessity for this supplement has not been established. Retrospective DOS 5/23/13 Genicin 50mg capsule #90 30 day supply is not medically necessary and appropriate.

**Flurbiprofen/Lidocaine/Amitriptyline/Lipoderm #180 20 day supply:** 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.

**Decision rationale:** Submitted reports have not adequately documented or even mentioned the topical compound medication's indication and necessity for this 2010 injury with chronic pain symptoms for a patient already taking multiple other oral medications. There is no demonstrated functional improvement documented from treatment already rendered. Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The

Flurbiprofen/Lidocaine/Amitriptyline/Lipoderm #180 20-day supply is not medically necessary and appropriate.

**Gabapentin/Cyclobenzaprine/Tramadol/penderm #180 20 day supply: 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 pages Page(s): 111-113.

**Decision rationale:** Submitted reports have not adequately documented or even mentioned the topical compound medication's indication and necessity for this 2010 injury with chronic pain symptoms for a patient already taking multiple other oral medications. There is no demonstrated functional improvement documented from treatment already rendered. Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Gabapentin/ Cyclobenzaprine/ Tramadol/ Penderm #180 20 day supply is not medically necessary and appropriate.

**Laxacin #100 25-day supply: 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 Opioids Page(s): 77 and 88.

**Decision rationale:** Laxacin which contains Docusate Sodium/ Sennoside is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this March 2010 injury; however, medical records provided for review have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Laxacin #100 25- day supply is not medically necessary and appropriate

**Somnicin capsule #30 30-day supply: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Insomnia pages 535-536.

**Decision rationale:** Regarding sleep aids, the Official Disability Guidelines states that preliminary evidence demonstrates the value of Melatonin and Amitriptyline in treating sleep disorders post traumatic brain injuries; however, submitted reports have not demonstrated any evidence-based studies or medical findings to indicate the necessity of the above treatment. There is no report of sleep disorder in the medical records provided for review. There is no indication that the specific treatment method is effective or medically necessary for this patient. The Somnicin capsule #30 30-day supply is not medically necessary and appropriate.