

<b>Case Number:</b>	CM13-0044218		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Internal 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 patient is a 50 year old female with reported date of injury 04/21/09 to the cervical and lumbar spine, both shoulders, and bruxism. According to the note dated 03/20/13, the patient is continuing a home exercise program and using a TENS (Transcutaneous electrical nerve stimulation) unit, but continues to report pain, stiffness, and weakness in the cervical and lumbar spine, with numbness in both upper and lower extremities on a periodic basis. Her teeth grinding has gotten worse. The request was for the approval of the following medicines: Colace , Motrin and multiple topical creams .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doc-Q-Lace 100mg 3 times per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Pain (Acute and chronic) chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.Com

**Decision rationale:** There is no rationale given to explain the continued use of a stool softener. The patient has been taking docusate sodium and there is documentation of constipation. However, there is inadequate information provided in the records to include efficacy of prior use and continued need. There is no documentation this patient is receiving narcotic analgesics that may cause constipation, or that the patient has been educated regarding dietary modifications. Thus, the request is non-certified.

**Ibuprofen 800mg daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Pain (Acute and chronic) chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The CA MTUS supports the use of NSAIDS (nonsteroidal anti-inflammatory drugs) for short-term relief of pain. In this case, it is indicated that the patient was previously treated with both Naprosyn and Ibuprofen (notes per [REDACTED]). There is no medical rationale given to support the ongoing use of these medications. There is also no documentation of efficacy with prior use. Thus the request is not certified.

**Gabapentin 6%/Ketoprofen 10%/Lidocaine 5%/Gaba-Keot compound cream, 2-3 times per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Pain (Acute and chronic) chapter

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

**Decision rationale:** According to MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that there is no peer-reviewed literature to support its use. The MTUS guidelines also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, by all the reasons if gabapentin is not recommended the combination of the topical analgesic should not be recommended.

**Capsaicin 0.0375%/Menthol 10% LDS compound cream 60 gram, 2-3 times per day:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The CA MTUS guidelines indicate that Capsaicin is recommended as an option for patients who have not responded or are intolerant to other treatments. This information is not found in the documentation, and the patient has been on Neurontin. The records indicate the concentration of Capsaicin in this product is 0.0375% and the Guidelines indicate that this concentration has not been studied or deemed more effective than 0.025%. In addition, Menthol 10% is not recommended per MTUS guidelines. Since the request is not in accordance with the guidelines, the request is not certified.