

<b>Case Number:</b>	CM13-0045859		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/25/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 patient is a 45-year-old female who reported an injury on 01/23/2012. The mechanism of injury was noted to be a fall. Her diagnosis is status post right ankle surgery. Her symptoms were shown to include right ankle pain. A mostly illegible progress report dated 09/10/2013 indicated that the patient's treatment plan included topical compounds to reduce her pain and use of oral medications and recommendations were made for Terocin and flurbiprofen, and she was also given a prescription for Somnicin #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN 240ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANALGESICS/SALICYLATE TOPICALS Page(s): 105, 111.

**Decision rationale:** Terocin lotion includes methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and Lidocaine 2.5%. According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. In addition,

the guidelines state that compounded products that contain at least 1 drug that is not recommended are not recommended. The guidelines specify that salicylate topicals, such as Bengay or methyl salicylate have been shown to be significantly better than placebo in the treatment of chronic pain. In regard to topical capsaicin, the guidelines indicate that use of topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. The clinical information submitted for review indicated that the patient was started on topical compounds to reduce her pain and oral medications. However, there was no documentation indicating intolerance or nonresponse to her oral medications to warrant use of topical capsaicin. Additionally, use of topical Lidocaine is noted to be only recommended as a second line treatment for peripheral pain and is only supported in the formulation of the Lidoderm patch. The guidelines further state that no other commercially approved topical formulations of Lidocaine, such as creams, lotions, or gels are currently indicated in the treatment of neuropathic pain. Therefore, despite evidence supporting the use of methyl salicylate, as the compounded topical analgesic requested is noted to include capsaicin and Lidocaine which are not supported, the request for Terocin is not supported as well.

**FLURBIPROFEN 180 GRAMS:** 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 SALICYLATE, TOPICAL ANALGESIC Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. In regard to NSAIDS, the guidelines state that topical NSAIDS have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Therefore, the guidelines summarize that topical NSAIDS may be recommended for the short term treatment of osteoarthritis. However, the guidelines also indicate that the only currently FDA approved topical NSAID is diclofenac in the form of Voltaren gel. Therefore, use of topical flurbiprofen is not supported. In addition, as the patient was not shown to have a diagnosis of osteoarthritis and as the documentation failed to provide evidence of adverse effects with use of her oral NSAID in order to warrant the need for topical medication, the request is not supported. As such, the request is non-certified.

**SOMNICIN #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** Somnicin is found to be a fairly new medication for the treatment of insomnia. The Official Disability Guidelines do not specifically address use of Somnicin but indicate that in the treatment of insomnia, pharmacological agents should only be used after careful evaluation of the potential causes of sleep disturbance. The clinical information submitted for review failed to provide any details within recent clinical notes regarding an insomnia complaint, as well as failure of first line treatments for insomnia, and evidence that the cause of the patient's sleep disturbance has been addressed. In the absence of further documentation regarding the request, and as the request failed to provide the dosage and frequency of this medication, the request is not supported. As such, the request is non-certified.