

<b>Case Number:</b>	CM13-0051192		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 underlying date of injury in this case is 05/07/2008. The primary treating diagnosis is 724.2, or lumbar stenosis. Additionally reported diagnoses include chronic low back pain, facet disease, disc degeneration, and disc desiccation. The patient's primary treating orthopedic physician saw the patient in followup on 08/29/2013 and noted that the patient had ongoing symptoms of back pain. The treating physician requested authorization for acupuncture and also refilled medications including Anaprox for inflammation, Prilosec for gastrointestinal upset, flurbiprofen/gabapentin/lidocaine for direct application to the neck and back, and Terocin to help chronic low back pain. An initial physician review stated that the medical records did not provide sufficient information to support the medical necessity of flurbiprofen/gabapentin/lidocaine or of Terocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN/GABAPENTIN/LIDOCAINE TO THE NECK AND BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state that the use of compounded agents requires knowledge of the specific mechanism of action and rationale for the component medications in a compounded drug. In this case, the treatment guidelines specifically state that gabapentin is not recommended for topical use; the physician notes do not provide an alternate rationale as to why this would be indicated topically. The treatment guidelines recommend the use of a topical anti-inflammatory such as flurbiprofen only for short-term use; the records do not provide a rationale for chronic use in this case. Additionally, the medical records do not provide a rationale as to why this patient would require two separate topical agents containing lidocaine. Thus, overall the records do not support the use of topical agents in general or this topical agent in particular. This request is not medically necessary.

**TEROCIN PATCH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state that the use of compounded topical analgesics requires knowledge of the rationale and mechanism of action for each of the component ingredients. The medical records in this case do not discuss the particular rationale for selecting Terocin in this case. Moreover, the medical records do not provide a rationale as to why this patient would require two separate topical analgesics, each of which contains lidocaine. Overall, the medical records in this case do not provide a rationale or indication either for topical analgesics in general or this topical analgesic in particular. This request is not medically necessary.