

<b>Case Number:</b>	CM13-0057744		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old female who was injured on November 1, 2008. The patient was injured when she fell on wet flooring. The patient is experiencing chronic pain in her cervical and lumbar spines with radiation into the right upper and right lower extremity. Physical examination shows spasm and tenderness to the paravertebral muscles of the cervical and lumbar spine and decreased sensation bilaterally to the L4, L5, and S1 dermatomes. MRI of the lumbar spine, done on March 18, 2013, showed decreased disc space and bilateral neural foraminal narrowing at L4-5. Diagnoses included lumbar radiculopathy, probable cervical radiculopathy, insomnia, and possible carpal tunnel/cubital tunnel syndrome. Treatment included medications, physical therapy and a TENS unit. Requests for authorization for New Terocin Supply #240 and Flurbi/Lidocaine/ Amitripty/PCCA Lipo #180 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion #240:** 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, 28, 105.

**Decision rationale:** Terocin is a topical multidrug compound, which contains methylsalicylate, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There are no guidelines present for menthol. The lack of information does not allow determination for medical necessity and safety. In this case the patient was not suffering from osteoarthritis, fibromyalgia, or chronic non-specific back pain. The capsaicin is therefore not recommended. The menthol is not recommended. The compounded medication is not recommended because it contains medications that are not recommended.

**Compounded drug (Flurbiprofen/lidocaine/amitriptyline/PCCA/Lipo #180):** 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. 13.

**Decision rationale:** Flurbipro/lidocaine/amitripty/PCCA lipo is a compounded topical analgesic containing flurbiprofen, Lidocaine, amitriptyline, and liposome. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per Chronic Pain Medical Treatment Guidelines, only one medication should be given at a time and a trial should be given for each individual medication. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Amitriptyline is a tricyclic antidepressant. It is recommended as an oral agent for first line treatment for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. There are no guidelines on the efficacy of amitriptyline as a topical agent. There are no guidelines on liposome. The lack of information does not allow determination for medical necessity and safety. This compounded medication cannot be recommended because it contains drugs that are not recommended.

