

<b>Case Number:</b>	CM13-0060028		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Family Practice and is licensed to practice in Maryland. 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:

Patient is a 57 year old male with a date of injury on 11/14/2011. Patient has ongoing treatment for generalized pain and right shoulder pain. Patient has diagnoses of lumbar discopathy, shoulder replacement, carpal tunnel syndrome, cervicalgia, and plantar fasciitis. Patient is status post shoulder arthroplasty 8/16/2013. Medical records show subjective complaint of shoulder pain that is improving 6 weeks after surgery. Also complains of feet, wrist, neck and low back pain. Objective findings include weakness and muscle guarding, and decreased range of motion in the shoulder. Patient also has cervical and lumbar tenderness, hand pain with positive Tinel's sign, lumbar spine tenderness with positive straight leg raise, and tenderness over the plantar foot. Medications include naproxen, cyclobenzaprine, tramadol and multiple topical medications. The submitted medical records do not indicate which areas of the body to use the topical medications, or the intended duration of use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flur/Cyclo/Caps/Lid 10%, 2%, 0.0125%, 1% Liq. Qty 120 with 1 refill:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics; Flexiril/Capsaicin/Lidocaine/flurbi.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines flurbiprofen, cyclobenzaprine, capsaicin, and lidocaine. Guidelines do not recommend topical cyclobenzaprine as no peer-reviewed literature support their use. Furthermore, muscle relaxers in general show no benefit in pain reduction beyond NSAIDS which the patient was already taking. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Furthermore, the medical record does not indicate the location for this medication to be used. For these reasons, the medical necessity of this medication is not established.

**Retrospective Ketop/Lidoc/Cap/Tram 15%, 1%, 0.012%, 5%, Liq. Qty 120 with 1 refill:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics; Capsaicin/Lidocaine/ketoprofen/Tram.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111-113, 56.

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines ketoprofen, lidocaine, capsaicin and tramadol. Guidelines do not recommend topical tramadol as no peer-reviewed literature support their use. Topical NSAIDs are recommended for short-term use, and ketoprofen specifically does not have FDA approval for this indication. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Furthermore, the patient is already taking oral tramadol and Naprosyn, and topical administration would not likely add further benefit. For these reasons, the medical necessity of this medication is not established. ❌

**Retrospective Terocin lotion DOS 8/13/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics; Capsaicin/Lidocaine/Methyl Salicyla.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111-113, 56.

**Decision rationale:** Terocin is a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it

has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.

**Gabapentin 12 G/Capsaicin Powder 0.09 G/Glycerin Liquid DOS 8/13/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Gabapentin (Neurontin) - anti-epilepsy drug (AED) Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Antiepileptic Drugs Page(s): 111-113, 16.

**Decision rationale:** Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines gabapentin and capsaicin. CA MTUS indicates that gabapentin is an anti-seizure medication is recommended for neuropathic pain. MTUS Guidelines also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. The medical records do not indicate any pain relief or functional improvement specific to this medication. Guidelines also do not recommend topical gabapentin as no peer-reviewed literature support their use. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Due to this compounded medication not being in compliance to current use guidelines the requested prescription is not medically necessary.