

<b>Case Number:</b>	CM13-0066917		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 [REDACTED] employee who has filed a claim for lumbosacral neuritis associated with an industry injury of August 04, 2011. Thus far, the patient has been treated with NSAIDs, opioids, topical creams, muscle relaxants, Ambien, exercises, physical therapy, and epidural injections which were noted to not be effective. A review of the progress notes shows low back pain with tenderness over the lumbar area with restricted range of motion and positive straight leg raise test on the right. There is decreased motor strength of bilateral anterior tibialis and extensor hallucis, and decreased sensation along the posterior calf and thigh. The patient has an antalgic gait. A lumbosacral MRI dated June 12, 2013 show disc desiccation at T12-L1 and L2-3 and multiple protrusions with annular tear at L1-2. EMG/NCV of bilateral lower extremities dated September 18, 2012 did not show signs of radiculopathy. The latest note indicates that patient is currently on Naproxen and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A URINE TOXICOLOGY TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** As stated in page 78 of the MTUS Chronic Pain Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. There is documentation of 4 urine drug screens in 2013 in March, April, September, and November. The latest progress note of December 2013 indicates that the patient is on NSAIDs but there is no report of opioid use. There is no clear rationale to support this request. Therefore, the request for a urine toxicology test is not medically necessary and appropriate.

**GENETIC TESTING:** 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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing For Potential Opioid Abuse.

**Decision rationale:** The ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. In addition, this patient is not on opioid medications as per latest note, and there is no specific explanation as to why this procedure is being requested. Therefore, the request for genetic testing is not medically necessary and appropriate.

**TEROCIN 240ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112,113.

**Decision rationale:** Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. The MTUS Chronic Pain Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, the MTUS Chronic Pain Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, the MTUS Chronic Pain Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, the MTUS Chronic Pain Guidelines does not cite specific provisions, but the ODG

Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the MTUS Chronic Pain Guidelines states on page 105 that salicylate topicals are significantly better than placebos in chronic pain. In this case, there is mention of use of topical creams since August 2013 without specific mention of which medication. There is no discussion in the medical records provided for review concerning the need for variance from the Guidelines. Therefore, the request for Terocin is not medically necessary and appropriate.

**SOMNICIN #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Insomnia Treatment.

**Decision rationale:** The MTUS does not address this topic. The ODG states that melatonin is used as a treatment for insomnia. There is no documentation regarding sleep problems in this patient. Therefore, the request for Somnicin #30 is not medically necessary and appropriate.

**FLURBIPROFEN CREAM 180G: 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.

**Decision rationale:** As noted on pages 111-113 in the MTUS Chronic Pain Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Also, in this case, there is no documentation regarding intolerance to the oral preparation of NSAIDs that would necessitate a topical preparation. Therefore, the request for Flurbiprofen cream is not medically necessary and appropriate.

**LAXACIN #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As stated in page 77 of the MTUS Chronic Pain Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. Laxacin is a laxative. In this

case, the latest progress note reports that patient's current medications are Naproxen and Prilosec, and no opioids. Therefore, the request for Laxacin is not medically necessary and appropriate.

**GABACYCLOTRAM:** 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.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Likewise, Cyclobenzaprine has no evidence for use as a topical product. Tramadol is indicated for moderate to severe pain. In this case, there is no evidence to support the necessity of this medication; there is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. Therefore, the request for Gabacyclotram is not medically necessary and appropriate.