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| <b>Case Number:</b>   | CM13-0069311 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 09/21/2012 |
| <b>Decision Date:</b> | 05/06/2014   | <b>UR Denial Date:</b>       | 11/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/20/2013 |

### 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 Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for chronic bilateral hand pain reportedly associated with an industrial injury of September 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; topical compound; a right carpal tunnel release surgery in July 2013; unspecified amounts of physical therapy to date; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 28, 2013, the claims administrator denied a request for Terocin, Genicin, flurbiprofen containing topical compound, and a Gabacyclotram topical compound. The applicant's attorney subsequently appealed. A May 1, 2013 progress note is notable for comments that the applicant is using oral gabapentin for pain relief. A September 25, 2013 progress note is notable for comments that the applicant is on Mobic and Neurontin for pain relief but is also using a Neoprene elbow sleeve while authorization is sought for a cubital tunnel release and a carpal tunnel release procedure. An August 28, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability. On November 7, 2013, the applicant was again placed off of work, on total temporary disability, and asked to employ analgesic medications on a p.r.n. basis while pursuing additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PRESCRIPTION OF GENICIN, #90 CAPSULES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments.

**Decision rationale:** No, the request for Genicin, nutritional supplement/dietary supplement, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements or alternative treatments such as Genicin. As noted in the Third Edition ACOEM Guidelines, however, complementary treatments, dietary supplements, and/or alternative treatments such as Genicin are "not recommended" in the treatment of chronic pain as they have no proven efficacy in the treatment of the same. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified.

**RETROSPECTIVE PRESCRIPTION OF FLURBI (NAP) CREAM-LA 180 GRAMS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for the flurbiprofen containing topical compound is also not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the flurbiprofen-containing compound which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary to the request for authorization so as to try and offset the unfavorable ACOEM and MTUS recommendations. Accordingly, the request is likewise not certified.

**RETROSPECTIVE PRESCRIPTION OF GABACYCLOTRAM 180 GRAMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

**Decision rationale:** The proposed Gabacyclotram compound was also not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain

Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since two of the ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise retrospectively not certified, on Independent Medical Review.

**RETROSPECTIVE PRESCRIPTION OF TEROGIN 240ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Finally, the request for topical Terocin was also not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." As noted previously, the applicant was described as using several first-line oral pharmaceuticals, including Mobic, Neurontin, etc., at various points in time, effectively obviating the need for the Terocin topical compound. Accordingly, the request is likewise retrospectively not certified.