

<b>Case Number:</b>	CM14-0008113		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 and 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:

This patient sustained an injury on 3/8/11 while employed by Palo Alto Medical Foundation. Request(s) under consideration include Terocin cream, Topical Compound Ketamine 10%/ Baclofen 2%/ Gabapentin 6%/ Imipramine 3%/ Nifedipine 2%/ Tetracaine 2%/ Clonidine 0.2% and Effexor. Report of 12/23/13 from the provider noted the patient has been attending physical therapy with previous 3 visits not beneficial, but has changed to new therapist with significant improvement. The patient self-discontinued Cymbalta after experiencing lightheadedness with headaches and sensation of blacking out. The patient has been seeing psychologist for depression and anxiety. The patient has continued complaints of left-sided knee and foot pain as well as her back and legs. Medications list Orudis, Oxymorphone, Protonix, Percocet, Flector patch, Terocin. Conservative care has included physical therapy, TENS unit, medications, and modified activities/rest. Exam showed left knee with range of 0-100 degrees flexion; tender to palpation over anterior and medial left knee; strength noted deferred exam secondary to pain; however, movement from sitting to standing was improved with better postural control. Diagnoses included left lower extremity CRPS, right SI joint dysfunction, and L4-5 disc herniation with left L4 radicular pain. Treatment included refill of Opana, Percocet, and to continue with Orudis, Protonix, and Flector patch along with topical compounds. The request(s) for Terocin cream, Topical Compound Ketamine 10%/ Baclofen 2%/ Gabapentin 6%/ Imipramine 3%/ Nifedipine 2%/ Tetracaine 2%/ Clonidine 0.2% was not medically necessary and Effexor was partially-medically necessary for 2 month supply on 1/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamin/Baclofen/Gabapentin/Imipramine/Nifedipine/Tetracaine/Clonidine:** Upheld

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

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

**Decision rationale:** The request(s) for Terocin cream, Topical Compound Ketamine 10%/ Baclofen 2%/ Gabapentin 6%/ Imipramine 3%/ Nifedipine 2%/ Tetracaine 2%/ Clonidine 0.2% was not medically necessary and Effexor was partially medically necessary for 2 month supply on 1/9/14. The Topical Compound Ketamine 10%/ Baclofen 2%/ Gabapentin 6%/ Imipramine 3%/ Nifedipine 2%/ Tetracaine 2%/ Clonidine 0.2% is not medically necessary and appropriate.

**Terocin cream:** Upheld

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

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

**Decision rationale:** This patient sustained an injury on 3/8/11 while employed by Palo Alto Medical Foundation. This patient sustained an injury on 3/8/11 while employed by Palo Alto Medical Foundation. Request(s) under consideration include Terocin cream, Topical Compound Ketamine 10%/ Baclofen 2%/ Gabapentin 6%/ Imipramine 3%/ Nifedipine 2%/ Tetracaine 2%/ Clonidine 0.2% and Effexor. Report of 12/23/13 from the provider noted the patient has been attending physical therapy with previous 3 visits not beneficial, but has changed to new therapist with significant improvement. The patient self-discontinued Cymbalta after experiencing lightheadedness with headaches and sensation of blacking out. The patient has been seeing psychologist for depression and anxiety. The patient has continued complaints of left-sided knee and foot pain as well as her back and legs. Medications list Orudis, Oxymorphone, Protonix, Percocet, Flector patch, Terocin. Conservative care has included physical therapy, TENS unit, medications, and modified activities/rest. Exam showed left knee with range of 0-100 degrees flexion; tender to palpation over anterior and medial left knee; strength noted deferred exam secondary to pain; however, movement from sitting to standing was improved with better postural control. Diagnoses included left lower extremity CRPS, right SI joint dysfunction, and L4-5 disc herniation with left L4 radicular pain. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and Topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, Topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats, and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain

relief from treatment already rendered for this chronic injury. The Terocin cream is not medically necessary and appropriate.

**Effexor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

**Decision rationale:** An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2011 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Effexor is not medically necessary and appropriate.