

<b>Case Number:</b>	CM14-0101016		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 27-year-old male who reported an injury on 02/18/2012 due to moving a Port-o-John weighing 150 pounds into a skid steer, when the skid steer lurched forward and the tracks on the skid steer ran over the injured worker's left lower leg from behind and he twisted his lower back awkwardly with the impact. The injured worker had a history of lower back pain radiating to the lower extremity with numbness and tingling. The injured worker had a diagnosis of lumbar radiculopathy. The MRI of the lumbar spine dated 03/28/2014 revealed a disc desiccation at L1-2, straining of the lumbar lordotic curvature, broad based posterior disc herniation at L4-5, and broad based posterior disc herniation at L5-S1. The diagnostics dated 01/25/2013 revealed radiculopathy at L5. The past treatments included physical therapy, medication, injections, boot for the left ankle, and crutches. The medications included Alprazolam 1 mg, tramadol 150 mg, Xolindo 2% cream, Terocin patch, Oxycodone, Soma 350 mg, Flurbi cream LA 180 g, Gabacyclotram 180 mg, Genicin capsules, Somnicin capsules. The injured worker reported his pain a 7/10, using the VAS. The objective findings dated 04/09/2014 to the lumbar spine revealed range of motion with flexion 50 degrees and extension 15 degrees, right lateral flexion 20 degrees, and left lateral flexion 20 degrees. The treatment plan included Terocin patches, Flurbiprofen gel, and Gabacyclotram gel 180 g. The Request for Authorization dated 07/30/2014 was submitted with documentation. The rationale for the Terocin patches, Gabacyclotram gel, and Flurbiprofen was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120ml(Capsaicin 0.025%, Menthol Salicylate 25%, Menthol 10%, Lidocaine 2.5%): 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 MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. As such, Terocin 120ml is not medically necessary.

**Flurbiprofen Gel 180 grams: 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.

**Decision rationale:** The California MTUS indicates that Non-steroidal anti-inflammatory agents indicate that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. As such, Flurbiprofen Gel 180 gm is not medically necessary.

**Gabacyclotram Gel 180 grams: 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 California MTUS do not recommend Gabapentin. There is no peer-reviewed literature to support use. As such, Gabaclotram Gel 180 gm is not medically necessary.