

<b>Case Number:</b>	CM14-0108783		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Anesthesiology, has a subspecialty in Oain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 01/30/2013. The mechanism of injury involved a fall. Current diagnoses include cervical radiculitis, thoracic sprain, lumbar radiculitis, bilateral shoulder internal derangement bilateral hip sprain, and right foot sprain. The injured worker was evaluated on 03/04/2014 with complaints of persistent pain. Previous conservative treatment includes physical therapy, acupuncture, an epidural steroid injection, medication management, and psychotherapy. Physical examination on that date revealed limited cervical range of motion, limited shoulder range of motion bilaterally, and limited ankle range of motion. Treatment recommendations at that time included a TENS unit, a primary care physician followup evaluation, and prescriptions for Terocin pain patch, Terocin lotion, flurbinap cream, gabacyclotram cream, Genecin, and Somnicin. There was no DWC form RFA submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion 120m:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.

**Topical compounded Flurb (Furbloprofen;Lidocaine;Amitriptyline) cream 180 gm.:**  
Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency or strength listed in the request. As such, the request is not medically necessary.

**Gabaclyotram (Gabapentin, Cyclobenzaprine, Tramadol ) 180 gram.:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Cyclobenzaprine is also not recommended. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.