

<b>Case Number:</b>	CM14-0012581		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 represented ADP Total Source, LLC employee who has filed a claim for chronic shoulder, wrist, and neck pain reportedly associated with an industrial injury of November 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; and topical compounds. In a utilization review report dated January 9, 2014, the claims administrator denied a request for topical compounded drug. It was incidentally noted that the applicant was using several oral pharmaceuticals, including, Naprosyn, Norco, and Zanaflex. The applicant's attorney subsequently appealed. In a progress note dated June 27, 2013, it was stated that the applicant was using Prozac and acetaminophen for pain relief. The applicant's medications list was not furnished on several other occasions, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR MEDICATIONS TEROGIN PATCH (DURATION AND FREQUENCY UNKNOWN) DISPENSED ON 8/23/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first line palliative method. In this case, the applicant's ongoing usage of variety of oral pharmaceuticals, including Zanaflex, Norco, Naprosyn, Tylenol, Prozac, etc., effectively obviates the needs for what 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as Terocin. Therefore, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE (FREQUENCY AND DURATION UNKNOWN) DISPENSED ON 8/23/13: Upheld**

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

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

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47 oral pharmaceuticals are first line palliative method. In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Tylenol, Norco, Naprosyn, Zanaflex etc effectively obviates the need for page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as Terocin. Therefore, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL (FREQUENCY AND DURATION UNKNOWN) DISPENSED ON 8/23/13: 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 Analgesic topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, both gabapentin and cyclobenzaprine, a muscle relaxant, are specifically "not recommended" for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendations. The entire compound is specifically not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR SOMNICIN (FREQUENCY AND DURATION UNKNOWN) DISPENSED ON 8/23/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Official Disability Guidelines (ODG).

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

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, complementary treatments, alternative treatments, and/or dietary supplements such as Somnicin are "not recommended" in the treatment of chronic pain syndromes, as they have not been demonstrated to have any proven outcomes or meaningful benefits in the treatment of the same. In this case, no compelling applicant-specific narrative rationale or medical commentary was attached to the request for authorization so as to offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.