

<b>Case Number:</b>	CM14-0014434		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 [REDACTED] employee who has filed a claim for chronic elbow, forearm, and neck pain reportedly associated with an industrial injury of August 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; dietary supplements/medical foods; transfer of care to and from various providers in various specialties; topical compounded drugs; unspecified amounts of physical therapy and chiropractic manipulative therapy; and anxiolytic medications. In a Utilization Review Report dated January 9, 2014, the claims administrator denied a request for topical Terocin, topical gabacyclotram, topical Trixaicin, somnacin, and Terocin. The applicant's attorney subsequently appealed, on February 5, 2014. A handwritten note dated October 29, 2013 was difficult to follow, not entirely legible, and notable for comments that the applicant reported multifocal elbow and forearm pain, 7-8/10. The applicant was given a Toradol injection in the clinic. The applicant was given diagnoses of chronic neck pain and bilateral elbow epicondylitis. Physical therapy, Motrin, Xanax, Prilosec, and several topical compounds and nutritional supplements were endorsed. Permanent work restrictions were renewed. It did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABACYCLOTRAN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PG111-113, 105

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

**Decision rationale:** In this case, at least two of the ingredients in the compound in question carry unfavorable recommendation to MTUS Chronic Pain Medical Treatment Guidelines. Specifically, gabapentin is not recommended, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Likewise, cyclobenzaprine, a muscle relaxant, is also not recommended for topical compound formulation purposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Since multiple 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 not medically necessary.

**TRIXAICIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PG111-113, 105

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CAPSAICIN TOPIC;TOPICAL ANALGESICS TOPIC., 28;111

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is not recommended, except as a last line agent, to be employed in applicants who have not responded to or are intolerant to other treatments. In this case, however, the applicant was described on the office visit in question of October 29, 2013 as using at least one first-line oral pharmaceutical, ibuprofen, effectively obviating the need for the capsaicin-containing topical compound. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is not considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not medically necessary.

**SOMNICIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PG111-113, 105

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT

GUIDELINES; ACOEM PRACTICE GUIDELINES , THIRD EDITION, ALTERNATIVE TREATMENTS SECTION., 7-8

**Decision rationale:** While the MTUS does not specifically address the topic of somnacin usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that it is incumbent on the prescribing provider to furnish compelling scientific evidence to support usage of medications for non-FDA labeled or non-FDA approved purposes. In this case, somnacin, a nutritional supplement, is not explicitly endorsed by the FDA. The attending provider did not furnish any scientific evidence or applicant-specific rationale which would support its use. It is further noted that the Third Edition ACOEM Guidelines note that dietary supplements such as somnacin are not recommended in the treatment of chronic pain as they have no proven outcomes or meaningful benefits in the treatment of the same. Therefore, the request is not medically necessary, for all of the stated reasons.

**TEROCIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PG111-113, 105

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM);. MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 3, 47

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of first-line oral ibuprofen effectively obviates the need for the Terocin topical compound which is deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not medically necessary.