

<b>Case Number:</b>	CM14-0140209		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/10/2001
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 neck pain reportedly associated with an industrial injury of July 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery; topical compounds; dietary supplements; and subsequent implantation of a spinal cord stimulator. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for various dietary supplements and topical compounds. The applicant's attorney subsequently appealed. In an August 7, 2013 progress note, the applicant presented with persistent complaints of neck and back pain status post failed cervical spine surgery. The applicant's medication list did include oral Norco. The applicant was asked to continue with a spinal cord stimulator. Overall information incorporated into the IMR packet was quite sparse and did not seemingly include the July 22, 2014 Request for Authorization (RFA) form furnished to the claims administrator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Terocin patch:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are considered "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, such as Norco, effectively obviated the need for largely experimental topical agents such as Terocin. Therefore, the request was not medically necessary.

**Flurbiprofen/Lidocaine/Amitriptyline:** 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 topic. Page(s): page 111,.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the flurbiprofen-containing compound at issue are considered largely experimental. The applicant's ongoing usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for the flurbiprofen-containing compound. Therefore, the request was not medically necessary.

**Gabapentin/Cyclobenzaprine/Tramadol:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Somnicin (duration and frequency unknown):** Upheld

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

**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. However, as noted in the Third Edition ACOEM Guidelines, dietary supplements such as Somnicin are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or improvements in functional outcomes in the management of the same. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue, although it is acknowledged that the claims administrator seemingly failed to incorporate the July 22, 2014 progress note in which the article at issue was sought into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request was not medically necessary.