

<b>Case Number:</b>	CM14-0179351		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, shoulder, and leg pain reportedly associated with an industrial injury of November 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of physical therapy; a lumbar support; a knee sleeve; and topical compounds. In an October 9, 2014 Utilization Review Report, the claims administrator denied a request for two separate topical compounded drugs. The claims administrator stated that its decision was based on MTUS Guidelines but did not incorporate the same into its report. The applicant's attorney subsequently appealed. On January 20, 2014, several topical compounded agents were dispensed via an order form which employed preprinted checkboxes, including a flur-lido compound, an ultra-flex-Gabapentin compound, and several others. In a handwritten progress note dated September 29, 2014, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, mid back, low back, hip, shoulder, elbow, and knee pain, 2-8/10. An orthopedic consultation, a pain management consultation, internal medicine consultation, and several topical compounds, including Terocin and Gabacyclotram, were renewed while the applicant was placed off of work on total temporary disability. The applicant was also given prescriptions for oral Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are deemed "large experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including tramadol, effectively obviates the need for the largely experimental Terocin patches. Therefore, the request is not medically necessary.

**Gabacyclotram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The primary ingredient in the compound is gabapentin. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin 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 is not medically necessary.