

<b>Case Number:</b>	CM14-0020349		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Orthopedic Surgery, 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 injured worker is a 51-year-old female who was reportedly injured on February 9, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 28, 2014, indicated that there were ongoing complaints of right shoulder pain with numbness tingling and weakness in the right hand. The physical examination demonstrated tenderness of the cervical spine with spasms along the right paravertebral muscles. There was decreased cervical spine range of motion. The physical examination of the right shoulder also showed decreased range of motion with forward flexion to 140, abduction to 140, external rotation to 70, and internal rotation to 80. There was tenderness over the acromioclavicular joint and anterior to the glenohumeral joint. There was a positive Neer's test and a questionable positive Hawkins test. Examination of the right wrist noted a positive Tinel's and Phalen's test with decreased sensation over the median nerve distribution. Previous treatment included the use of an H wave stimulator and various topical analgesic medications. A request had been made for Terocin, Flubi and Laxacin and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 240 ml:** 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Terocin cream is a topical compounded analgesic consisting of menthol and Lidocaine. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine or Capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Terocin cream is not medically necessary.

**Flubiprofen 180g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine or Capsaicin. The topical use of anti-inflammatories is only indicated for treatment of osteoarthritis. For this reason, this request for topical Flurbi is not medically necessary.

**Laxacin #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 77 of 127.

**Decision rationale:** Laxacin is a stool softener useful for the treatment of constipation. There was no clinical indication for this medication for the injured employee. There was documentation of narcotic usage; however, there was no documentation of constipation side effects. This request for Laxacin is not medically necessary.

**Gabacyclotram 180g x1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Gabaclotram is a topical compound of Gabapentin, Cyclobenzaprine, and Tramadol. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Gabaclotram is not medically necessary.

**Somnicin #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

**Decision rationale:** Somnicin is a medication compounded of Melatonin, 5-HTP, L-tryptophan, Vitamin B6, and Magnesium. It is intended to help relieve insomnia, anxiety, and depression. The progress note dated January 28, 2014, does not indicate that the injured employee has any of these symptoms. As such, this request for Somnicin is not medically necessary.