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| <b>Case Number:</b>   | CM14-0023037 |                              |            |
| <b>Date Assigned:</b> | 05/14/2014   | <b>Date of Injury:</b>       | 08/03/2004 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 02/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 male patient has a DOI 8/3/2004. He has developed subsequent chronic low back pain associated with mild to moderate degenerative changes. He also has bilateral hip and knee pain with future knee replacement planned. He mainstay of treatment is oral analgesics. The treating physician has provided good documentation of medication monitoring and its benefits. Some form of Gabapentin has been prescribed on a long term basis and good pain relief has been attributed to this drug. Concurrent use of opioid is minimal at -1 tab of Norco per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GRALISE 600MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** The presence of a clear cut primarily neuropathic pain syndrome is not well documented, however a reasonable argument can be made that all chronic pain has a neuropathic pain component. The benefits of Gabapentin are well documented over a long period of time. It is documented that Gabapentin was beneficial for the pain when first introduced and that the

switch to Gralise (once a day Gabapentin) the side effects associated with (drowsiness) has diminished and medication has continued to provide good pain relief. The use of opioids is quite restrained while the on the Gabapentin. Its use seems reasonable under the current circumstances i.e. good reported pain relief and minimal opioids.

**TEROCIN LOTION:** 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 Topical Analgesics Page(s): 111, 112.

**Decision rationale:** Terocin is a blend of Menthol, capsaicin, methyl salicylate and 4% Lidocaine. California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines are very specific on this issue. If a compound contains one ingredient that is not FDA approved the entire compound is not medically necessary. The Guidelines specifically state that only Lidocaine in the form of 5% patches is approved. Lesser strengths are proven ineffective and stronger strengths have unnecessary side effect risks.