

<b>Case Number:</b>	CM14-0039016		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/06/2004
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 claimant was injured on 08/06/04. Topical medications and Somnicin are under review. On 02/22/13, he saw [REDACTED] and complained of increasing low back pain. He was using a back brace and his pain level was 8/10. His medications helped decrease his pain level to 5-6/10. Aquatic therapy was denied although it had been very helpful in the past. He was using a cane and an LSO brace and had an antalgic gait. Topical compounds and pain patches were ordered along with additional aquatic therapy. On 03/22/13, he reported that Ambien was helpful. His medications helped with the pain. He was using a single-point cane. Aquatic therapy was recommended for 6 sessions. He was to continue Ambien, Tramadol, and topical medications to reduce the use of oral medications. On 04/19/13, he reported improvement with aquatic therapy. He stated he could function better and stand longer. He had improved since his last clinic visit. His balance was better. Ambien were requested along with topical creams and pain patches to help reduce the use of oral prescription drugs. On 07/17/13, he was prescribed Terocin, Somnicin, Laxacin, aquatic therapy and a trial of acupuncture. On 02/21/14, he still had pain at level 8 1/2-9/10 that was constant and radiated to the left leg. He could not raise his legs and was using a cane. He had an antalgic gait. He is status post spinal fusion and revision and has chronic pain. Acupuncture was ordered along with an H wave unit, and Ambien and Terocin patches. He was given a back brace. On 03/21/14, he reported feeling terrible. He started acupuncture which helped temporarily. Topical compounds including Terocin and Flurbi, Laxacin, and Somnicin were ordered. He was prescribed in Gabacyclotram and Laxacin. Acupuncture was to continue and he was prescribed a back brace and an H wave unit. On 05/16/14, he reported that acupuncture was beneficial and he had 8 more sessions. He was having trouble with balance. He had fallen 3 or 4 times. His low back was tender with painful range of motion. He was given the same medications. Additional acupuncture was ordered.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 3 to 4 times daily to affected area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 105,111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Terocin 3 to 4 times daily. The CA MTUS p. 143 state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). There is no evidence of failure of all other first line drugs. The claimant received refills of his other medications, also. Use of topical agents in an effort to limit the use of oral medications is not supported by the MTUS. The medical necessity of this request for Terocin topically 3 to 4 times daily has not been demonstrated.

**Flurbi 180 GMS apply 5 GMS 3 times daily to affected area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Flurbi 180 grams to apply 5 grams TID. The CA MTUS p. 143 state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). There is no evidence of failure of all other first line drugs. The claimant received refills of his other medications, also. Use of topical agents in an effort to limit the use of oral medications is not supported by the MTUS. The medical necessity of this request for Flurbi as prescribed has not been demonstrated.

**Somnicin # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, updated 1-7/2014 Melatonin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, sleep aids.

**Decision rationale:** The history and documentation do not objectively support the request for the use of Somnicin. The MTUS do not address pharmaceutical sleep aids. The ODG Formulary does not specifically address Somnicin but recommend that treatment for insomnia be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the records do not mention her sleep patterns or lack of sleep or the benefit that she receives from the use of this medication including improved sleep and overall function. There is no history of chronic insomnia that has not responded to conservative care to support the use of Somnicin. The medical necessity of this request for Somnicin #30 has not been demonstrated.

**Topical compounds:** 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 Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for topical medications. The CA MTUS p. 143 state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). There is no evidence of failure of all other first line drugs. The claimant received refills of other medications, also. Use of topical agents in an effort to limit the use of oral medications is not supported by the MTUS. The medical necessity of this request for topical medications has not been demonstrated.