

<b>Case Number:</b>	CM14-0055143		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury on May 16, 2013. Subsequently, he developed left shoulder pain. The medical report dated on November 6, 2013 indicated that on physical exam there is tenderness to the AC joint, restricted range of motion, and positive Speed's and positive impingement tests. According to a follow-up report dated on March 12, 2014, the patient's pain is a 3/10 and increases to 7/10 in the evening. He has had a long course of conservative management with physical therapy, activity modification, and anti-inflammatories and steroid injections, which gave him temporary relief pain; however, the pain has returned. The patient was diagnosed with left shoulder pain dysfunction, left shoulder impingement, left shoulder AC joint arthrosis, and left shoulder rotator cuff tendinosis. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New Terocin Lotion 240 grams 20 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>.

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

**Decision rationale:** Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin lotion contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, in this case, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Terocin Lotion 240 grams 20 day supply is not medically necessary and appropriate.

**Flurbi(NAP) Cream-LA 180 grams 20 day supply (Flurbiprofen Powder, Lidocaine HCL Powder, Amitriptyline HCL Powder, PCCA Lidoderm Base): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol cream as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, in this case there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Flurbi(NAP) Cream-LA is not medically necessary and appropriate.

**Gabacyclotram 180 grams 20 day supply (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, Lidoderm Base): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). In this case, there is no documentation of failure of first line therapy for pain such as antiepileptic in this case. Therefore, the request for Gabacyclotram 180 grams 20 day supply (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, Lidoderm Base) is not medically necessary and appropriate.

**Laxacin Tablet #100 25 day supply: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://www.drugs.com/ppa/docusate.html>); Management of Opioid-Induced Gastrointestinal Effects: Treatment ([http://www.medscape.com/viewarticle/427442\\_5](http://www.medscape.com/viewarticle/427442_5)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <) Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to the Official Disability Guidelines (ODG), Laxacin (docusate/sennosides) is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. In this case, it is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore the use of Laxacin Tablet #100 25 day supply is not medically necessary and appropriate.