

<b>Case Number:</b>	CM14-0090483		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 knee, ankle, and low back pain reportedly associated with an industrial injury of May 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; dietary supplements; topical compounds; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 4, 2014, the claims administrator failed to approve requests for Terocin, Flurbiprofen, Somnicin, Laxicin, Gabacyclotram, and Xolido. The applicant's attorney subsequently appealed. In a handwritten note dated May 22, 2014, difficult to follow, not entirely legible, the applicant reported knee, ankle, hand, and low back pain, 8/10. Painful limited range of motion was noted about the wrist. Urine toxicology testing, genetic testing and several topical compounded medications were endorsed. Somnicin and Laxicin, dietary supplements, were also suggested. The applicant was asked to pursue a Shoulder Arthroscopy. The applicant was placed off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 240ml, topical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**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 agents and topical compounds such as Terocin are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals to justify usage of largely experimental topical agent such as the compound in question. Therefore, the request is not medically necessary.

**Flurbi 180 gms, Topical:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as the Flurbiprofen-containing compound at issue. Therefore, the request is not medically necessary.

**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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, and Alternative Treatment

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, however, alternative treatments, complementary treatments, and/or dietary supplements such as Somnicin are not recommended in the treatment of chronic pain, as they have no proven outcomes in the treatment of the same. In this case, the attending provider did not proffer any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Laxicin #100:** 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, and Alternative Treatment

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, complementary treatments, alternative treatments, and/or dietary supplements such as Laxicin are not recommended in the treatment of chronic pain, as they have not been demonstrated to have any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Gabacyclotram 180grms, Topical Compound with Gabapentin (Anti-Convulsant), Cytoenzaprine (Muscle Relaxant), and Tramadol (Analgesic): 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 Chapter

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound at issue, 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.

**Xolio, Topical Lidocaine: 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals to justify selection and/or ongoing usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Xolido agent at issue. Therefore, the request is not medically necessary.

