

<b>Case Number:</b>	CM13-0025227		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 50-year-old female, who sustained an industrial injury on 4/12/2007. On 2/10/14, the injured worker submitted an application for IMR for review of Gabapentin 10% In Capsaicin Solution Liquid #60 Date Of Service: 7/31/2013, And Terocin Lotion #120. The treating provider has reported the injured worker is being treated for cervical discopathy, left elbow pain, chronic lumbar discopathy, L5-S1 disc collapse, bilateral carpal tunnel syndrome, right long finger and ring finger trigger finger, included status post right and left carpal tunnel release and additional surgery for recurrence bilaterally, status post bilateral knee arthroscopy. The diagnoses have included cervical discopathy, left elbow pain, chronic lumbar discopathy, L5-S1 disc collapse, bilateral carpal tunnel syndrome, right long finger and ring finger trigger finger. Treatment to date has included status post right and left carpal tunnel release and additional surgery for recurrence bilaterally, status post bilateral knee arthroscopy. On 9/16/13 Utilization Review non-certified Gabapentin 10% In Capsaicin Solution Liquid #60 Date Of Service: 7/31/2013, And Terocin Lotion #120. The ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN LOTION #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 110--12, 104. Decision based on Non-MTUS Citation drugs.com.

**Decision rationale:** Terocin lotion contains capsaicin/lidocaine/menthol/methyl salicylate. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) The MTUS guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. While methyl salicylate is recommended per the CA MTUS guidelines, the request for a topical lotion which also contains lidocaine and capsaicin is not medically necessary.

**GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQUID #60DOS: 7/31/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended in a topical formulation. The request for GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQUID #60 DOS: 7/31/2013 is not medically necessary.