

<b>Case Number:</b>	CM14-0187978		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Physical Medicine Rehab, 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:

This is a 53-year-old female with a 10/8/10 date of injury. The injury occurred when an autistic student pulled her to the ground, and she injured her neck and back. According to a pain management report dated 8/8/14, the patient has had no new injuries or events since last seen. Her medication regimen included Norco, Naproxen, Ambien, Genocin, Somnicin, Terocin patches, Gabacyclotram, Flurbi cream, Zofran ODT, Gabapentin, Soma, Zanaflex, Ibuprofen, and Percocet. Objective findings: full range of motion of upper extremities, atrophy over the right calf, tenderness over the lumbosacral junction, DTR's are 2+ at knees and ankles, decreased muscle strength to the extensors of the right knee and right lower leg, decreased sensation of the right lower leg. Diagnostic impression: cervical musculoligamentous injury, lumbar radiculitis, back, degenerative disc disease, right shoulder impingement syndrome, cervical/lumbar intervertebral disc disorder, cervical radiculopathy, cervicogenic headaches. Treatment to date: medication management, activity modification, IF unit, and surgery. A UR decision dated 10/31/14 denied the requests for Terocin, Genicin, Flurbiprofen- Flurbiprofen Powder- Lidocaine HCL Powder- Amitriptyline HCL Powder- PCCA Lipoderm Base Cream # 180, And Gabapentin 100%- Gabapentin Powder- Cyclobenzaprine HCL Power- Tramadol HCL Powder- PCCA Lipoderm Base Cream # 180. Regarding Terocin, Flurbiprofen, and Gabapentin 100%, the report submitted does not indicate failed trials of first-line recommendations, such as oral antidepressants and anticonvulsants to support the need for using topical analgesics. Furthermore, there is no evidence that oral pain medications are insufficient to alleviate the pain symptoms. Regarding Genicin, there is no documentation of objective findings suggestive of arthritis pain on the reports submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 4%- 4%# 30 DOS 08/11/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The guidelines state that for continued use of Terocin patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). However, in the present case, the documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as Gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Terocin 4%- 4%# 30 DOS 08/11/14 is not medically necessary.

**Genicin 500mg # 90 DOS 08/11/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Genicin)

**Decision rationale:** An online search revealed that Genicin is a brand-name formulation of glucosamine. CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, in the present case, there is no documentation that this patient has a diagnosis of arthritis. A specific rationale identifying why this patient requires this medication was not provided. Therefore, the request for Genicin capsules, ninety count is not medically necessary.

**Flurbiprofen- Flurbiprofen Powder- Lidocaine HCL Powder- Amitriptyline HFL Powder- PCCA Lipoderm Base Cream # 180: 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): 25, 28, 111 and 113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of Flurbiprofen, lidocaine, or amitriptyline in a topical cream formulation. In addition, there is no documentation that this patient cannot tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen- Flurbiprofen Powder- Lidocaine HCL Powder- Amitriptyline HCL Powder- PCCA Lipoderm Base Cream # 180 is not medically necessary.

**Gabapentin 100%- Gabapentin Powder- Cyclobenzaprine HCL Power- Tramadol HCL Powder- PCCA Lipoderm Base Cream # 180: 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): 25,28, 111 and 113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of Gabapentin, Cyclobenzaprine, or Tramadol in a topical formulation. In addition, there is no documentation that this patient cannot tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Gabapentin 100%- Gabapentin Powder- Cyclobenzaprine HCL Power- Tramadol HCL Powder- PCCA Lipoderm Base Cream # 180 is not medically necessary.