

<b>Case Number:</b>	CM14-0188136		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family 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 worker is a 48 year old female who was injured on 9/16/2011. She was diagnosed with right hip labral tear, lumbar strain/sprain, and inguinal hernia. She was treated with right hip labral surgery and medications such as sleep aids and opioids. She was also diagnosed with anxiety, which was treated with benzodiazepines. Various topical and oral medications (Flurbiprofen, Terocin, Gabacyclotram, Genicin, and Somnicin) were provided by the worker's pain specialist to the worker on 8/13/14 due to the worker continuing to have persistent right hip and low back pain rated 7/10 on the pain scale. A surgical consult resulted in a recommendation for a total hip arthroplasty. Later, on 9/10/14, the worker was again seen by her pain specialist reporting persistent low back with radiculopathy to right leg and right hip symptoms, but overall worse since the last appointment (8/13/14). No report was made regarding her sleep or overall function while using her medications. She rated her symptoms at 8/10 on the pain scale. Physical findings included reduced range of motion of the lumbar spine and hip only. She was then recommended to continue her medications previously prescribed but with Methoderm and a compounded analgesic medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120ml #30:** 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, lidocaine Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was up to date objective evidence via physical examination which confirmed radiculopathy, which is required in order to justify topical lidocaine. Also, there was worsening of pain with the use of this medication as opposed to lowering of pain. No documented evidence of benefit functionally was reported in the progress notes provided from the use of this medication. Also, there is no evidence that first line therapies were trialed before considering topical lidocaine. Therefore, the request is considered not medically necessary.

**Flurbiprofen (NAP) Cream - LA 180gms:** 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): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there is no evidence that suggested topical NSAIDs were appropriate as the worker complained of spine and hip pain, which are not approved areas for use with topical NSAIDs. Also, there was no documented evidence that the worker experienced improvements in her overall function and reduction in pain related to the topical NSAID, but rather worse pain was reported after starting this medication. Therefore, the request is not medically necessary.

**Gabacycloman 180gms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Combination products have even fewer trials to assess efficacy. Topical gabapentin, specifically, is addressed by the MTUS and is not recommended due to lack of evidence to support its use. Topical muscle relaxants also are specifically not recommended. Also, the MTUS Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. In the case of this worker, there was no documented evidence that the combination product, Gabacyclotram, provided any functional improvements or pain reduction, but rather the worker reported worse pain after starting this medication. Therefore, due to non-recommended ingredients and lack of evidence of benefit, the request is not medically necessary.

**Genicin Capsules #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that glucosamine with or without chondroitin is recommended as an option to treat moderate arthritis, especially for knee osteoarthritis. Although some studies are conflicting and many different products and doses are available, it is still recommended due to its low risk. The best results were of glucosamine sulphate. Glucosamine hydrochloride has had fewer studies to evaluate its effectiveness. In the case of this worker, the Genicin was provided, but with no report of any benefit after starting it. There was no evidence of functional improvements or pain reduction with its use, but rather her reported pain was higher after beginning this medication. Therefore, the request is not medically necessary.

**Somnicin Capsules #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Melatonin

**Decision rationale:** Somnicin is a combination oral product for the treatment of sleep disorder and contains magnesium, melatonin, oxitriptan, and tryptophan. The MTUS Guidelines do not specifically address these medications/supplements. The ODG briefly mentions melatonin as an option for treating insomnia; however, there is no significant evidence to support the use of these ingredients together for the purpose of treating insomnia. In the case of this worker, the Somnicin was added to a regimen that already included Ambien. Following its prescription, there was no report on the worker's sleep patterns which might have helped justify the continuation of Somnicin for sleep. However, due to lack of evidence for recommendation via guidelines and lack of evidence of benefit in this worker, the request is not medically necessary.