

<b>Case Number:</b>	CM14-0197371		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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: Arizona, California, Florida  
 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 56-year-old female who reported an injury on 10/08/2011. The mechanism of injury occurred while turning in a rush to move through the drive thru window. Her relevant diagnoses include brachial neuritis and right knee medial meniscal tear. Her past treatments included her medications, injections, physical therapy, massage, electrical stimulation, shockwave, and acupuncture. On 12/30/2014, the injured worker complained of constant headaches rated 8/10, neck pain rated 7/10 that radiated to the bilateral upper extremities, mid-back pain rated 7/10, low back pain rated 7/10 that radiated to the bilateral lower extremities with associated numbness and tingling, left knee pain rated 7/10 and right ankle pain rated 8/10. Oral/topical medications were indicated to have no side effects. They were indicated to help decrease pain and improve sleeping abilities. The treatment plan included Terocin patch for the treatment of moderate aches and muscle pains, Calypso cream for the temporary relief of minor aches and pains, Methoderm gel for the relief of minor aches and pains along with therapy, Sentra AM and Sentra PM and GABA done. A Request for Authorization form was submitted on 01/02/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120 ML: Capsaicin .025 Percent, Methyl Salicylate 25 Percent, Menthol 10 Percent, Lidocaine 2.5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for Terocin 120 mL: Capsaicin .025 percent, methyl salicylate 25 percent, menthol 10 percent, lidocaine 2.5 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The formulation contains lidocaine, which may be used 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). However, there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, the guidelines state, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, have osteoarthritis, post-herpetic neuralgia, diabetic neuropathy or post-mastectomy pain. The injured worker was indicated to have been on topical creams for an unspecified duration of time. However, the compound contains lidocaine which is not recommended in the formulations of a cream, lotion or gel. Furthermore, there was lack of documentation the injured worker had failed a trial of antidepressants and anticonvulsants along with first line therapies to include tricyclics, SNR antidepressants or AED. There was also lack of documentation the injured worker had osteoarthritis, postherpetic neuralgia, or diabetic neuropathy for the formulation of capsaicin. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Gabaclotram 180 Gram: Gabapentin 10 Percent, Cyclobenzaprine 6 Percent and Tramadol 10 Percent:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for gabapentin 180 gm: Gabapentin 10 percent, cyclobenzaprine 6 percent and tramadol 10 percent is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The formulation contains muscle relaxants, which are not supported as there is no evidence for use of any other muscle relaxant as a topical product and antiepileptics, which are also not supported as there is

no evidence for use of any other antiepilepsy drug as a topical product. The injured worker was indicated to have had topical creams for an unspecified duration of time. However, there was lack of documentation the injured worker had failed a trial of antidepressants and anticonvulsants. The formulation also contains a compound of muscle relaxants and antiepileptics which are not supported or recommended due to lack of evidence for use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Genicin Capsule #90:** Upheld

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

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

**Decision rationale:** The request for Genicin capsule #90 is not medically necessary. According to the California MTUS Guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There was lack of documentation to indicate the injured worker had moderate arthritis pain especially knee osteoarthritis. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Somnacin Capsule #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

**Decision rationale:** The request for Somnacin capsule #30 is not medically necessary. According to the Official Disability Guidelines, medical foods are not recommended for chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The injured worker was noted to have been on Somnacin for an unspecified duration of time. However, there was lack of documentation in regard to a clear rationale for medical necessity as the guidelines do not recommend the use of medical foods for the treatment of chronic pain. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Terocin Pain Patch #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for Terocin pain patch #20 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The formulation contains lidocaine, which may be used 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 injured worker was indicated to have Terocin pain patch for an unspecified duration of time. However, there was lack of documentation in regards to a failed trial of antidepressants and anticonvulsants. There was also lack of documentation to indicate the injured worker had failed a trial of first line therapies to include tricyclics, SNR antidepressants, or antiepileptic drugs as the formulation contains lidocaine. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.