

<b>Case Number:</b>	CM14-0217022		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 75 year old who sustained an industrial injury on 11/27/2013. Mechanism of injury was a slip and fall injuring his chest, neck, left shoulder and left knee. Diagnoses include sprain of the neck, sprain of the thoracic and lumbar spine, sprain of the shoulder; knee sprain, and unspecified sprain of hip. Treatment to date has included medications, and cervical epidural steroid injections, and left shoulder injection in 2014. There was a physician progress note dated 11/24/2015. Several documents within the submitted medical records are difficult to decipher. A physician progress report documents the injured worker has cervical spine pain rated 8 out of 10 without medications, thoracic spine pain is 2 out of 10 without medications, lumbar sacral pain is rated 2 out of 10 without medications, left shoulder, elbow, hip and knee pain is rated 2 out of 10 without medications. Treatment requested is for FLA Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, Gabacyclotram, and Terocin Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLA Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%:** 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:** FLA Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Amitriptyline but states that many agents are compounded as monotherapy or in combination for pain control (including such medications as NSAIDs, opioids, capsaicin, local anesthetics, antidepressants.) There is little to no research to support the use of many of these agents. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not support topical Lidocaine in this formulation for this patient's condition. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not offer support for topical Lidocaine in this patient or topical Amitriptyline. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.

**Terocin Patches:** 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; Salicylate topicals; Lidoderm Page(s): 111-113, 105 and 56.

**Decision rationale:** Terocin Patches are not medically necessary per MTUS Chronic Pain Medical Treatment Guidelines. A Terocin patch contains: Menthol 4%; Lidocaine 4%. Per MTUS guidelines, topical lidocaine in the form of a creams, lotions or gel is not indicated for neuropathic pain. The guidelines state that lidocaine in a patch form 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) is only FDA approved for post-herpetic neuralgia. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of intolerance to oral medications, failure of first-line therapy and no indication of post-herpetic neuralgia in this patient and the request does not specify a quantity Terocin patches are not medically necessary.

**Gabaclotram:** 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:** Gabacyclotram, 180gm is not medically necessary per the MTUS guidelines. The requested cream contains gabapentin, cyclobenzaprine and tramadol. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request does not specify a quantity. Additionally, the MTUS does not recommend topical gabapentin or cyclobenzaprine and there are no extenuating circumstances which would necessitate this request therefore the request for Gabacyclotram 180gm is not medically necessary.