

<b>Case Number:</b>	CM15-0007712		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Massachusetts

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

### 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 31 year old male, who sustained an industrial injury on 10/23/2014. The diagnoses have included lumbar discogenic pain and ankle joint derangement and sprain. The mechanism of injury has not been provided. Treatment to date has included medication management. Acupuncture and physiotherapy has been requested. Currently, the Injured Worker complains of constant throbbing lumber pain rated as 7/10 with radiation. Pain is relieved with medication. He reports burning pain in the left ankle and he also reports symptoms of anxiety and depression. Objective findings include decreased range of motion and tenderness to the lumbar spine and ankle. On 12/16/2014, Utilization Review non-certified a request for Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in mediderm base, Flurbiprofen 20%/Baclofen 10%/Dextromethorphan 2% in cream base and Terocin patch #30, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in mediderm base, Flurbiprofen 20%/Baclofen 10%/Dextromethorphan 2% in cream base and Terocin patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm base, 30 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury and October 2014 and continues to be treated for chronic low back and ankle pain. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

**Flurbiprofen 20%, Baclofen 10%, Dextromethorphan 2% in cream base, 30 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury and October 2014 and continues to be treated for chronic low back and ankle pain. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

**Terocin patch #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 Medications for chronic pain, Lidoderm (lidocaine patch). Topical Analgesics Page(s): 60; 56-57;.

**Decision rationale:** The claimant sustained a work injury and October 2014 and continues to be treated for chronic low back and ankle pain. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the prescribing of Terocin in a patch form was not medically necessary.