

<b>Case Number:</b>	CM15-0100490		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male, who sustained an industrial injury on 8/7/00. He has reported initial complaints of a work injury to the neck, right shoulder and right arm. The diagnoses have included cervical spondylosis and cervical radiculitis. Treatment to date has included medications, activity modifications, diagnostics, surgery, conservative care, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/30/15, the injured worker complains of increased neck pain and bilateral arm pain that is constant in the head, neck, upper and mid to low back, as well as bilateral upper extremities. The pain is rated 7/10 on pain scale. The pain radiates to the both arms and associated with numbness, tingling and weakness in the arms and hands. He reports difficulties with activities of daily living (ADL), physical activities, social and recreational activities, and difficulty with hand functions. He also reports difficulty with sleeping, anxiety, depression and stress with irritability due to the pain. The systems review is positive for headaches, loss of sleep, numbness, loss of hearing, and musculoskeletal issues. The physical exam reveals the cervical spine has 3+ tenderness to palpation, decreased range of motion, deep tendon are 2+ bilateral bicep and 1+ bilateral triceps. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and x-ray of the cervical spine dated 5/11/15. The urine drug screen dated 4/30/15 was inconsistent with the medications prescribed. The physician noted that the injured worker had worsened symptoms and revised the treatment plan for cervical Magnetic Resonance Imaging (MRI), cervical x-rays, and electromyography (EMG)/nerve

conduction velocity studies (NCV) of the bilateral upper extremities. The physician requested treatments included Terocin patches #30, Genicin 500mg #90 and Flurbi cream 180gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Terocin patches #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 Topical Analgesics, pages 111-113.

**Decision rationale:** The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin patches #30 is not medically necessary and appropriate.

#### **Genicin 500mg #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 (and Chondroitin Sulfate) pages 50-51.

**Decision rationale:** Genicin (Glucosamine) is listed as a nutritional supplement that are naturally occurring substance formed of sugar chains believed to help maintain joint cartilage and fluid in patients with osteoarthritis for better movement and flexibility. Guidelines do support its use as an option given its low risk in patients with moderate arthritis pain for knee osteoarthritis; however, there is no diagnostic or clinical findings mentioned for OA nor was there any impression of OA submitted reports. Medical necessity for this supplement has not been established. The Genicin 500mg #90 is not medically necessary and appropriate.

#### **Flurbi cream 180gm: 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, pages 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic, to include a compounded NSAID over oral formulation for this chronic injury, without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Flurbi cream 180gm is not medically necessary and appropriate.