

<b>Case Number:</b>	CM15-0183912		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, California

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:

This is a 59 year old female with a date of injury of May 4, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine radiculopathy, lumbar facet syndrome, lumbar disc protrusion, right shoulder sprain and strain, right wrist sprain and strain, bilateral knee sprain and strain, right ankle sprain and strain, anxiety, and peripheral neuropathy. Medical records dated June 25, 2015 indicate that the injured worker complains of lower back pain rated at a level of 6 out of 10 that radiates to the right lower extremity with numbness and tingling, right shoulder pain rated at a level of 6 to 7 out of 10, right wrist pain rated at a level of 5 out of 10, right knee pain rated at a level of 7 out of 10, left knee pain rated at a level of 3 out of 10, and right ankle pain rated at a level of 5 out of 10. A progress note dated August 6, 2015 notes subjective complaints of right knee symptoms the same following right knee surgery on July 10, 2015, lower back pain rated at a level of 5 out of 10 that radiates to the right lower extremity with numbness and tingling, right shoulder pain rated at a level of 7 to 8 out of 10, right wrist pain rated at a level of 4 out of 10, right knee pain rated at a level of 7 out of 10, left knee pain rated at a level of 5 out of 10, and right ankle pain rated at a level of 6 out of 10. Per the treating physician (August 6, 2015), the employee was temporarily totally disabled. The physical exam dated June 25, 2015 reveals decreased range of motion of the right shoulder, decreased range of motion of the right wrist, decreased range of motion of the lumbar spine, decreased range of motion of the bilateral knees, and decreased range of motion of the right ankle. The progress note dated August 6, 2015 documented a physical examination that showed no significant changes since the examination conducted on June 25, 2015. Treatment has included medications (Percocet 5-325mg every six hours as needed

since at least June of 2015; compound creams and Terocin patches prescribed in August of 2015), right knee arthroscopy with partial meniscectomy on July 10, 2015. The original utilization review (September 9, 2015) non-certified a request for Omeprazole 20mg #60, Hydrocodone- Acetaminophen 10-325mg #90, Flurbiprofen cream 240 gm, Gabapentin cream 240 gm, Terocin, 120 milliliters, and Terocin patches #20.

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

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

#### **Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Naproxen for several months but long-term use is not indicated. Tylenol failure was not noted. Therefore, the continued use of Omeprazole is not medically necessary.

#### **Hydrocodone/Acetaminophen 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids without mention of pain reduction scores. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.

#### **Flurbiprofen Cream 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound that contains a medication that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was on oral NSAIDs as well as other topical creams. The Flurbiprofen is not medically necessary.

**Gabapentin Cream 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was also prescribed numerous other topical and oral analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**Terocin 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Further, Methyl Salicylate is a topical NSAID and may be used for arthritis but the claimant does not have this diagnosis. The claimant was already on oral NSAIDS and provided other topical NSAIDS. Any compounded drug that is not recommended is not recommended and therefore Terocin cream not medically necessary.

**Terocin Pain Patch #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb-8ebe-437b-a8de-37cc76ece9bb>; Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Further, Methyl Salicylate is a topical NSAID and may be used for arthritis but the claimant does not have this diagnosis. The claimant was already on oral NSAIDS and provided other topical NSAIDS. Any compounded drug that is not recommended is not recommended and therefore Terocin patch is not medically necessary.