

<b>Case Number:</b>	CM15-0196793		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/04/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 53-year-old female who sustained an industrial injury on 10-4-2014. Diagnoses have included cervical and lumbar radiculopathy, right shoulder tendinitis, right medial and lateral epicondylitis, right ulnar injury, left knee sprain, left foot fracture, neuroma, plantar fasciitis and left tarsal tunnel syndrome. Documented treatment includes modified duty; physical therapy to the neck, low back, left knee, and right shoulder, elbow and wrist; medications including Anaprox and Norflex; and in the 7-8-2015 note, it was stated she would be referred for consultation with a podiatrist and chiropractor. During the 7-8-2015 visit, the injured worker was reported to complain of pain in the right shoulder, elbow, hand and wrist, and low back, left knee, left ankle, and foot. Upper extremities were noted to include limited range of motion at the right shoulder, elbow, hand and wrist, and pain was described as sharp with numbness. Low back pain was over the left lumbar regions radiating to the left buttock and thigh, and was described as constant, moderate and sharp. The hip and lower extremity was stated as sharp, constant and moderate, and there was limited range of motion to the knee, left ankle and foot. Subsequent records are not included in the provided records, but a request was submitted for Flur 15 percent, Gaba 10 percent, Cyclo 4 percent cream; and, Terocin patches 4 percent which were all stated as not being medically necessary and denied on 9-14-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flur15%, Gaba10% Cyclo4%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, flurbiprofen 15%, gabapentin 10% and cyclobenzaprine 4% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical and lumbar radiculopathy; right shoulder tendinitis; right medial and lateral epicondylitis; right ulnar injury; left knee sprain; left foot fracture; left fasciitis; left tarsal tunnel syndrome; and left foot neuroma. Date of injury is October 4, 2014. Request authorization is August 3, 2015. According to a July 8, 2015 progress note, the injured worker has multiple complaints including the right shoulder, elbow, hand, wrist and low back, knee, ankle and foot. There is no clinical discussion, indication or rationale for topical analgesics in the treatment plan or progress note. Current medications include Prilosec, Anaprox and Norflex. Flurbiprofen is not FDA approved for topical use. Gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, gabapentin and cyclobenzaprine) that is not recommended is not recommended. Consequently, flurbiprofen 15%, gabapentin 10% and cyclobenzaprine 4% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, flurbiprofen 15%, gabapentin 10% and cyclobenzaprine 4% is not medically necessary.

**Terocin Patches 4% 1-2 Patches OD Q12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patch 4% 1 to 2 patches qd (q12 hours) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaicin and

menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical and lumbar radiculopathy; right shoulder tendinitis; right medial and lateral epicondylitis; right ulnar injury; left knee sprain; left foot fracture; left fasciitis; left tarsal tunnel syndrome; and left foot neuroma. Date of injury is October 4, 2014. Request authorization is August 3, 2015. According to a July 8, 2015 progress note, the injured worker has multiple complaints including the right shoulder, elbow, hand, wrist and low back, knee, ankle and foot. There is no clinical discussion, indication or rationale for topical analgesics in the treatment plan or progress note. Current medications include Prilosec, Anaprox and Norflex. There is no percentage for lidocaine, Capsaisin or menthol. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical discussion, indication or rationale for Terocin patch, Terocin patch 4% 1 to 2 patches qd (q12 hours) is not medically necessary.