

<b>Case Number:</b>	CM15-0206442		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Connecticut, California,

Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 37 year old female who sustained an industrial injury on 3-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, cervical spine sprain-strain, cervical radiculopathy, thoracic spine sprain-strain, lumbar spine sprain-strain, lumbar radiculopathy, right shoulder osteoarthritis and right wrist sprain-strain. According to the progress report dated 8-10-2015, the injured worker complained of a flare up of right shoulder symptoms. She complained of constant headaches, constant neck pain radiating to the upper extremities with numbness and tingling, constant mid back pain, constant low back pain radiating to the bilateral lower extremities with numbness and tingling and constant right wrist pain with numbness and tingling. She reported that she had started working with a new employer with modified duties. She stated that oral medications irritated her stomach. Objective findings (8-10-2015) revealed tenderness to palpation along the acromioclavicular joint and trapezius muscle. Shoulder impingement sign was positive on the right. There was tenderness along the paravertebral muscles of the lumbar spine bilaterally. Treatment has included a home exercise program and medications. The original Utilization Review (UR) (10-20-2015) denied requests for Flurbiprofen cream, Gabapentin cream, Terocin lotion and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen cream 240 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, there is no evidence of functional improvement on previous topicals provided to indicate that chronic use of the requested cream is of clinical value, and therefore the request cannot be considered medically necessary at this time.

**Gabapentin cream 240 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, there is no evidence of functional improvement on previous topicals provided to indicate that chronic use of the requested cream is of clinical value, and Gabapentin is specifically not recommended as a topical formulation by the MTUS. Therefore the request cannot be considered medically necessary at this time.

**Terocin 120 ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support

use of topical compounds like the one requested makes the requested treatment not medically necessary per the MTUS.

**Terocin pain patch #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. may be considered in patch formulation. Topical lidocaine is not considered appropriate as a first-line treatment, and lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested patch as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically necessary per the MTUS.