

<b>Case Number:</b>	CM15-0207107		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/07/2015
<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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 33 year old female, who sustained an industrial injury on 8-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia with right arm C7 radiculopathy, right shoulder impingement syndrome, and right shoulder pain. On 9-15-2015, the injured worker reported increased right neck pain, right shoulder pain, and right 3rd and 4th finger numbness. The Primary Treating Physician's report dated 9-15-2015, noted the injured worker was using a compound ointment that had remarkably reduced her neck pain with tightness, experiencing increased pain when she ran out of the ointment. The injured worker's current medications were noted to include Tramadol. The physical examination was noted to show noticeable enlargement of the right trapezius muscle with exquisite tenderness, spasming, and guarding in the right paracervical muscles and the right trapezius muscle. Prior treatments have included Naproxen, Flexeril, a right shoulder corticosteroid injection, TENS, and physical therapy. The treatment plan was noted to include a request for physical therapy, continued use of her compound ointment and Terocin patches in an effort to reduce the flare up the injured worker was noted to be experiencing, and "calling in" Ibuprofen for pain and inflammation and Prilosec due to upset stomach experienced due to the Ibuprofen. The injured worker's work status was noted as having last worked on 11-22-2013. The request for authorization was noted to have requested an unknown prescription of Ibuprofen, an unknown prescription of Prilosec, Terocin patch #30 with 4 refills, and compounded ointment with Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, and Prilocaine 2% in Lidoderm. The Utilization Review (UR) dated 10-7-2015,

conditionally non-certified the requests for an unknown prescription of Ibuprofen and an unknown prescription of Prilosec, and non-certified the requests for Terocin patch #30 with 4 refills and compounded ointment with Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, and Prilocaine 2% in Lidoderm.

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

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

**Terocin patch #30 with 4 refills:** 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 rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine (an anesthetic) and 4% menthol (a pain reliever). The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation contained no discussion reporting special circumstances that sufficiently supported this request. Further, the request was for a large number of refills, which would not account for changes in the worker's care needs. For these reasons, the current request for thirty Terocin patches with four refills is not medically necessary.

**Compounded ointment with Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm:** 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 rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anesthetic, muscle relaxant, anti-seizure, and non-steroidal anti-inflammatory (NSAID) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. There is no good literature to sufficiently support the use of topical prilocaine in this setting. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas.

Diclofenac 1% is the medication and strength approved by the FDA. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. The Guidelines also do not support the use of topical muscle relaxants. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for a large number of refills, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of a compounded ointment containing flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, prilocaine 2%, and lidocaine 2% in "Lidoderm" is not medically necessary.