MAXIMUS Federal Services

| Case Number: | CM15-0022477 | | |
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| Date Assigned: | 02/12/2015 | Date of Injury: | 01/08/2007 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

## 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: Texas, New York, California
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:

The applicant is a represented 50-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 8, 2007. In a utilization review report dated February 2, 2015, the claims administrator failed to approve a request for topical compounded medications, Somnicin, and Laxacin. The claims administrator referenced an RFA form of December 8, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated September 12, 2014, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, shoulder, low back, and knee pain with derivative complaints of anxiety, depression, gastrointestinal distress, and sexual dysfunction. The note was very difficult to follow and not entirely legible. The applicant was given refills of topical compounded medications and Soma. The note was very difficult to follow and not altogether legible. A wheelchair, hip x-rays, and psychiatry consultation were proposed. The applicant received a shoulder corticosteroid injection on September 10, 2014. The bulk of the information on file comprised of urine drug test results/urine drug test reports, historical utilization review decisions, and computerized range of motion testing. The applicant's medication list was not detailed on the bulk of the notes on file. On October 25, 2014, the applicant's permanent work restrictions were renewed. The applicant did not appear to be working with said limitations in place. Weakness about the shoulder was noted. Norco and 12 sessions of physical therapy were endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion 240gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Daily Med - TEROCIN- methyl salicylate, capsaicin, menthol ...dailymed.nlm.nih.gov/dailymed/lookup.cfmsetid=85066887-44d0...Oct 15, 2010 FDA Guidances & Info; NLM SPL Resources ... Label: TEROCIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

**Decision rationale:** No, the request for a topical compounded Terocin lotion was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM) is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is recommended only as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of Norco, a first-line oral pharmaceutical, effectively obviated the need for the capsaicin-containing Terocin lotion at issue. Therefore, the request was not medically necessary.

**Flurbnapcream La 180gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Similarly, the request for a flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. The applicant was described as having widespread pain generators on September 12, 2014, which included the shoulder, low back, elbow, knees, neck, etc. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is no evidence to support usage of topical NSAIDs such as flurbiprofen for the spine, hip, and/or shoulder. Here, the applicant's primary pain generators included the spine and shoulder. Moreover, the multifocal nature of the applicant's pain complaints and multiplicity of body parts involved made it unlikely that said pain complaints would have been amenable to application of topical flurbiprofen, a topical NSAID. Therefore, the request was not medically necessary.

**Somnicin #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain General Principles of Treatment Medications Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** The request for Somnicin, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines' Chronic Pain Chapter notes that dietary supplements such as Somnicin are not recommended in the chronic pain context, as they have not been demonstrated to have any meaningful benefits in the treatment of the same. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

**Laxacin #100:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation webmd.com/drugs, Laxacin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation DailyMed - LAXACIN- docusate sodium and sennosides adailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=0df9abaf-3997...Nov 4, 2011 - Label: LAXACIN- docusate sodium and sennosides.

**Decision rationale:** Finally, the request for Laxacin was medically necessary, medically appropriate, and indicated here. Laxacin, per the National Library of Medicine (NLM), is an amalgam of Colace, a stool softener, and senna, a laxative. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. Here, the applicant was, in fact, using Norco, an opioid agent, on or around the date of the request. Concurrent provision of a laxative agent, Laxacin, was, thus, indicated. Therefore, the request was medically necessary.