

<b>Case Number:</b>	CM15-0219719		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male who sustained an industrial injury on 06-24-2014. On 08-17-2015, the injured worker was seen by pain management. Subjective complaints included no change in low back symptoms and reports of constant neck pain rated 4 out of 10. Neck pain radiated to the bilateral upper extremities with numbness and tingling in the arms. Diagnoses included cervical spinal stenosis, cervical radiculopathy and elevated blood pressure. The treatment plan included evaluation with internal medicine for elevated blood pressure and stress, Flurbiprofen cream 240 grams, Gabapentin cream 240 grams, Terocin 120 ml and Terocin pain patches. According to a primary treating physician's progress report dated 09-15-2015, the injured worker reported neck pain rated 3-4 out of 10 with stiffness and radiating pain to both shoulders and numbness in the right forearm, 4th, 5th digits of right hand and left shoulder pain 3 out of 10 with popping. Diagnoses included chronic neck strain with 2 level large herniated disc causing intermittent radiculopathy into the right upper extremity and left shoulder impingement. The treatment plan included Naproxen and Prilosec, continuation with pain management for cervical epidural injection and authorization request for cervical epidural. Documentation submitted for review shows that the injured worker's oral medications included nonsteroidal anti-inflammatory drugs dating back to 06-16-2015. On 07-20-2015, the injured worker had been advised to stop taking nonsteroidal anti-inflammatory medications and medications containing aspirin 7 days prior to undergoing a cervical epidural injection. On 10-26-2015, Utilization Review non-certified the request for Gabapentin 240 grams #1 and Terocin patch #20.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gabapentin 240gm #1:** 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 claimant sustained a work injury in June 2014 when he was involved in a motor vehicle accident when his truck struck a cow and he lost control of the vehicle. Treatments included medications and physical therapy. In April 2015 he was having neck, shoulder, and mid back pain. Naprosyn and Prilosec were prescribed. When seen by the requesting provider, he was having ongoing radiating neck pain and low back pain rated at 4/10. Physical examination findings included an elevated blood pressure. Authorization for an internal medicine evaluation for his blood pressure was requested. Topical compounded creams and Terocin patches were prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other topical treatments with generic availability that could be considered. This medication is not medically necessary.

### **Terocin patch #20:** 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 claimant sustained a work injury in June 2014 when he was involved in a motor vehicle accident when his truck struck a cow and he lost control of the vehicle. Treatments included medications and physical therapy. In April 2015 he was having neck, shoulder, and mid back pain. Naprosyn and Prilosec were prescribed. When seen by the requesting provider, he was having ongoing radiating neck pain and low back pain rated at 4/10. Physical examination findings included an elevated blood pressure. Authorization for an internal medicine evaluation for his blood pressure was requested. Topical compounded creams and Terocin patches were prescribed. Terocin patches contain methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with

transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.