

<b>Case Number:</b>	CM15-0054045		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/08/2002
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 49 year old male, who sustained an industrial injury on 05/08/2002. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, and lumbar spine surgery. Currently, the injured worker complains of constant low back pain radiating into both lower extremities with numbness and tingling and a severity rating of 7/10. The injured worker denied any adverse effects from the oral and topical medications, and reported that pain was 7/10 without medications and that the medications allow for improvement in function and increased sleep. He also reported a 50-60% improvement since his lumbar spine surgery. The diagnoses include lumbar spine radiculopathy, and status post lumbar spine surgery (02/27/2014). The request for authorization included medications consisting of Genicin #90, Somnicin #30, Flurbiprofen (NAP) cream-LA 180 gm, Gabacyclotram 180 gm, Terocin 240 ml, Terocin pain patch #20, capsaicin 0.025%, a urine drug screen, and 1 TENS (Transcutaneous Electrical Nerve Stimulation) unit rental (30 days) with supplies (conditionally non-certified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genicin #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that nutritional supplements and similar products can be utilized when there is documentation of nutritional deficit or in the presence of medical conditions cause by the absence of such products. The Genicin product contains glucosamine with inactive ingredients. The guidelines do not support compounded formulations of medications without the documentation showing that non compounded products are ineffective. The Genicin product contains glucosamine with inactive ingredients. The guidelines noted that glucosamine can be beneficial for the treatment of osteoarthritis. There is no documentation of failure of treatment with non compounded glucosamine preparations. The criteria for the use of Genicin #90 were not met and the request is 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 Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that nutritional supplements and similar products can be utilized when there is documentation of nutritional deficit or in the presence of medical conditions cause by the absence of such products. The Somnicin product contains vitamin B6 with melatonin, pyridoxine, magnesium and other inactive ingredients. The guidelines do not support compounded formulations of medications without the documentation showing that non compounded products are ineffective. The listed indications for Somnicin include the treatments for insomnia, neuropathy and depression. There is no documentation of deficiency state of any of the ingredient of Somnicin. The criteria for the use of Somnicin #30 were not met and the request is not medically necessary.

**Flurbi (NAP) cream-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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with

orally administered NSAIDs, anticonvulsants and antidepressants have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. The Flurbi (NAP) LA product contains furbiprofen 20% / lidocaine 5% / amitriptyline 4%. There is lack of guidelines support for the utilization of topical formulations of amitriptyline. The criteria for the use of Flurbi (NAP) LA cream 180gm were not met and the request is not medically necessary.

**Gabacyclotram 180gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with orally administered NSAIDs, anticonvulsants and antidepressant have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. The Gabacyclotram product contains gabapentin 10% / cyclobenzaprine 6% /tramadol 10% in lidocaine base. There is lack of guidelines support for the utilization of topical formulations of gabapentin, cyclobenzaprine and tramadol. The criteria for the use of Gabacyclotram 180gm were not met and the request is not medically necessary.

**Terocin 240ml:** 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of neuropathic localized pain when treatment with orally administered NSAIDs, anticonvulsants and antidepressant have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. The Terocin product contains menthol 10% / lidocaine 5% / capsaicin 0.025% / methyl salicylate 25%. There is lack of guidelines support for the utilization of topical formulations of menthol or methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin 240gm were not met and the request is not medically necessary.

**Terocin pain patch #20: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of neuropathic localized pain when treatment with orally administered NSAIDs, anticonvulsants and antidepressant have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. The Terocin product contains menthol 10% / lidocaine 5% / capsaicin 0.025% / methyl salicylate 25%. There is lack of guidelines support for the utilization of topical formulations of menthol or methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch #20 were not met and the request is not medically necessary.

**Capsaicin 0.025%: Overturned**

**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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesic.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products such as capsaicin can be utilized for the treatment of neuropathic and non neuropathic pain when treatment with orally administered NSAIDs, anticonvulsants and antidepressant have failed. The records did not show subjective or objective findings consistent with a diagnosis of non localized neuropathic and non neuropathic pain. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is guidelines support for the utilization of topical formulations of capsaicin for the treatment of chronic musculoskeletal pain. The criteria for the use of capsaicin 0.025% were met and the request IS medically necessary.

**1 Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The MTUS and the ODG guidelines recommend that Urine Drug Screen (UDS) can be utilized for compliance monitoring during chronic treatment with opioids and sedative medications. The records did not indicate the medications that would be monitored by the UDS. The documentation did not show that non compliance or aberrant drug behavior was suspected. The criteria for Urine Drug Screen (UDS) were not met and the request is not medically necessary.