

<b>Case Number:</b>	CM15-0084098		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/07/2009
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 56-year-old who has filed a claim for chronic mid and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of April 7, 2009. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve request for topical Terocin, menthol, GABAdone, and Theramine. The claims administrator referenced various RFA forms and progress notes interspersed throughout 2014 and 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated March 31, 2015, physical therapy, Theramine, tramadol, and GABAdone were endorsed. In an associated handwritten note dated March 31, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 5-10/10. The attending provider maintained that the applicant's medications were beneficial but did not elaborate further. Physical therapy, Terocin patches, tramadol, GABAdone, and Theramine were endorsed. The applicant's work status was not detailed, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 30mg, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - NEW TEROCIN-methyl salicylate, capsaicin and ...[dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=1dd035b2-4495](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=1dd035b2-4495)...FDA Guidances & Info; NLM SPL Resources. Download Data · All Drug Labels... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10%. Methyl Salicylate 25%.

**Decision rationale:** No, the request for Terocin was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except 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 first-line oral pharmaceuticals such as tramadol effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.

**Menthal 240 grams, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management page(s): 7. Decision based on Non-MTUS Citation <http://www.pdr.net/search-results?q=menthalDrug> Search Results0 results found for "menthal".

**Decision rationale:** Similarly, the request for "menthal" was likewise not medically necessary, medically appropriate, or indicated here. It is not clear precisely what this request represented. The name in question did not represent a name of an unknown drug or pharmaceutical, per the Physicians' Desk Reference (PDR), which noted that 0 result was found for "menthal." Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be knowledgeable regarding prescribing information. Here, it did not appear that the attending provider was particularly knowledgeable regarding prescribing information insofar this particular agent was concerned. Therefore, the request was not medically necessary.

**Gabadone, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page(s): 17-19.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Chronic Pain, pg 926.

**Decision rationale:** Similarly, the request for GABAdone, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements such as GABAdone. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that dietary supplements such as

GABA done are not recommended are not recommended in the treatment of chronic pain as there is no evidence of their efficacy. Here, the attending provider failed to furnish a compelling applicant-specific rationale, which would provision of GABA done in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Theramine, QTY: 1:** 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), Theramine and Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Chronic Pain, pg 926.

**Decision rationale:** Finally, the request for Theramine, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefit or improvement in functional outcomes in the treatment of the same. As with the preceding request, the attending provider failed to furnish a compelling applicant-specific rationale for provision of this particular dietary supplement in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.