

<b>Case Number:</b>	CM15-0235046		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	03/06/2001
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: Indiana, 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:

This is a 70 year old male with a date of injury on 3-6-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 9-30-15 reports due to a change in the weather he has multiple aches and pains in his shoulders and his body, back, legs and knees. He also has a hole in his right eardrum which is being treated. The pain is worse in his shoulders, neck, back, hands, and knees. Physical exam: neck and shoulder range of motion is limited due to pain, bilateral elbow range of motion are significantly limited, he has pain in both hands at CMC joints left more than the right, both hands have paresthesia, neck and lower back have moderate spasm. Progress report dated 6-10-15 reports Terocin patches and topical ointments have really helped and he is doing much better despite the weather change. Request for authorization was made for Terocin spray quantity 3 bottles and Gabaclyotram quantity 1 container. Utilization review dated 11-4-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin spray #3 bottles:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** Terocin spray is not specifically addressed by MTUS, but topical terocin in MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, topical lidocaine is not indicated. As such the request is not medically necessary.

**Gabaclyotram #1 container:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; compound creams.

**Decision rationale:** Gabaclyotram is a compound topical cream which contains (Gabapentin 10%, cyclobenzaprine 6%, tramadol 10%). MTUS states: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. Thus, the request is not medically necessary.