

<b>Case Number:</b>	CM14-0126763		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old female who reported an injury on 10/31/2013. The mechanism of injury was a fall. Her diagnoses include lumbar radiculopathy. The injured worker's past treatments consisted of medications, pain patches, physical therapy and home exercise. Her diagnostic exams included a nerve conduction study on 07/07/2014, which revealed mild left lumbar radiculopathy. Also, an MRI of the lumbar spine was done, which revealed facet arthropathy at L5-S1. Her surgical history was not indicated in the clinical notes. On 05/22/2014, she complained of constant low back pain that occasionally radiated to her left lower extremity. There was also numbness and tingling with a pain rating of 5/10. She reported that her pain level was 7/10 without medications. The physical exam determined there was decreased range of motion to the lumbar spine with tenderness and spasms noted. Her medications consisted of Cyclobenzaprine hydrochloride, Naproxen, Norco, Theramine, Sentra AM, Sentra PM, and Terocin patches. The treatment plan included the continuation of the medications provided, continuation of home exercise, Terocin lotion 240g and Genicin. The request is for Terocin lotion 240g and Genicin. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion 240g, (DOS: 4/21/14): 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The request for Terocin lotion 240g is not medically necessary. The active ingredients in Terocin lotion are Methyl Salicylate 25%, Capsaicin 0.025%, and Menthol 10%. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl Salicylate is recommended. The guidelines recommended Capsaicin only as an option in patients who have not responded to or are intolerant to other treatments. Based on the clinical notes, the injured worker had a diagnosis of lumbar radiculopathy, which is indicative of neuropathic pain. This diagnosis would be supported for the use of topical analgesics. However, there is no evidence that trials of antidepressants and anticonvulsants failed to treat her discomfort. The use of Capsaicin as a topical ointment would not be supported due to the lack of objective documentation indicating that she failed other treatment options. It was noted that she participated in a home exercise program and physical therapy program, but there is no indication as to the efficacy of those treatments. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. The requested cream contains at least one drug that is not recommended; therefore, use of the requested cream is not supported. Additionally, the request does not specify the frequency or site of treatment. Consequently, due to lack of support from the guidelines, the request for Terocin Lotion 240g is not medically necessary.

**Flurbi Cream 180g (DOS: 4/21/14): 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Flurbi Cream 180g is not medically necessary. Flurbi cream's active ingredient includes NSAID's. The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 regard to the use of topical NSAIDs, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment;

however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Based on the clinical notes, the injured worker had a diagnosis of lumbar radiculopathy, which is indicative of neuropathic pain. This diagnosis would be supported for the use of topical analgesics. However, there is no evidence that trials of antidepressants and anticonvulsants failed to treat her discomfort. The clinical notes indicated that the use of the NSAID topical cream would be used for her lumbar spine pain, which is not supported by the guidelines. Also, the diagnosis of lumbar radiculopathy would not be supported by the guidelines for the use of NSAID's as a topical formulation. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, the request does not specify the frequency or site of treatment. Therefore, due to lack of support from the guidelines for the use of NSAID's as a topical formulation, the request is not supported.

**Gabacyclotram 180g (DOS: 4/21/14): 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** The request for Gabacyclotram 180g is not medically necessary. The active ingredients in Gabacyclotram 180g include Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%. The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 regards to cyclobenzaprine, the guidelines state that the use of topical muscle relaxants are not recommended as there is no evidence for use of any muscle relaxant as a topical product. As for Gabapentin, the guidelines do not recommend because there is no peer-reviewed literature to support its use as a topical analgesic. Based on the clinical notes, the injured worker had a diagnosis of lumbar radiculopathy, which is indicative of neuropathic pain. This diagnosis would be supported for the use of topical analgesics. However, there is no evidence that trials of antidepressants and anticonvulsants failed to treat her discomfort. Additionally, the guidelines do not support the use of Cyclobenzaprine or Gabapentin as a topical formulation. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Therefore, due to lack of support for the use of Gabapentin and Cyclobenzaprine as a topical ointment, the request is not supported.

**Genicin 500 caps #90 (DOS: 4/21/14): 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** The request for Genicin is not medically necessary. The California MTUS Guidelines recommend glucosamine/Genicin as an option for injured workers with moderate arthritis pain, especially for knee osteoarthritis. Based on the clinical notes, the injured worker does not have a diagnosis of arthritis or any etiology relating to such. The guidelines do not support the use of Genicin without documented evidence of arthritis. Additionally, there was no frequency of use or dosage information for the requested medication. Therefore, due to lack of clinical evidence indicating a diagnosis of moderate arthritis and the absence of a frequency and dose, the request is not supported.

**Somnicin capsule #30 (DOS: 4/21/14): 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia

**Decision rationale:** The Official Disability Guidelines recommend that pharmacological agents to treat insomnia should only be used after careful evaluation of the potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Secondary insomnia is secondary to other medical and psychiatric illnesses, medications, or sleep disorders. The specific components of insomnia should be addressed; sleep onset, sleep maintenance, sleep quality, & next-day functioning. The guidelines recommend the use of medications for 4 weeks or less to treat insomnia. Based on the clinical notes, the injured worker complained of 1-2 hours of sleeplessness during the night and night time pain that was more intense than her daytime pain. The clinical documentation indicated that her sleep onset was poor due to lying down; her sleep was maintained by the use of ibuprofen and switching from side to side; and her sleep quality was mildly disturbed. The request does not include a dose or frequency. Therefore, the request is not medically necessary.