

<b>Case Number:</b>	CM14-0138076		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 35 year old who was injured on 1/9/2013. The medical records were reviewed. The diagnoses are low back pain, lumbar radiculopathy and neuropathy. There are associated diagnoses of insomnia, adjustment disorder, anxiety and depression. The EMG and NCS were reported as normal. The patient completed physical therapy, chiropractic and acupuncture treatments. On 5/22/2014, [REDACTED] noted subjective complaint of pain score of 4-6/10 with medications and 9/10 without medications on a scale of 0 to 10. There were objective findings of positive straight leg raising test and decreased sensation along the right L5 and S1 dermatomes. The medications are Advil, Terocin cream, Gabacyclotram cream, Lidocaine 5%, Amitriptyline 4%, Flurbiprofen cream and Mentherm for pain. A Utilization Review determination was rendered on 7/31/2014 recommending non certification for Terocin 120ml and Gabacyclotram 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabacyclotram 180gm, 2-3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The California MTUS and the Official Disability Guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line antidepressant and anticonvulsants are contraindicated or have failed. The records did not show that the patient have failed treatment with orally administered first line medications. The patient is utilizing multiple topical medications products containing duplicated components. The guidelines recommend that topical products be tried and evaluated individually for efficacy. Gabacyclotram contains Gabapentin 10%, Cyclobenzaprine 6% and Tramadol 10%. There is only guideline support for the use of these medications in oral formulations. The criteria for the use of Gabacyclotram 180gm were not met. Therefore, this request is not medically necessary.

**Terocin 120ml, 2-4 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The California MTUS and the Official Disability Guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line antidepressant and anticonvulsants are contraindicated or have failed. The records did not show that the patient have failed treatment with orally administered first line medications. The patient is utilizing multiple topical medications products containing duplicated components. The guidelines recommend that topical products be tried and evaluated individually for efficacy. Terocin contains Menthol 10%/Lidocaine 2.5%/Capsaicin 0.025%/Methyl Salicylate 25%. The patient is utilizing Lidocaine in several other topical preparations. The criteria for the use of Terocin cream 120ml were not met. Therefore, this request is not medically necessary.