

<b>Case Number:</b>	CM14-0164028		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/16/2004
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 61 year old male who was injured on 11/16/2004. He was diagnosed with bilateral carpal tunnel syndrome, bilateral hearing loss/tinnitus, bilateral degenerative arthritis in the hips, medial collateral ligament strain left knee, lumbar and cervical musculoligamentous injury, lumbar and cervical radiculopathy, TMJ disorder, and bilateral shoulder impingement syndrome. He was treated with trigger point injections, NSAIDs, transdermal analgesics, and acupuncture. The most recent progress note submitted for review was from 4/29/2014 when the worker saw his primary treating physician and reported having lumbosacral pain with radiation to right leg and left buttock. He reported using a home traction unit which helps some. Physical examination findings included lumbar spasm and tenderness and trigger points noted over sacroiliac joints bilaterally. He was then given trigger point injections in the buttocks area and recommended Vicoprofen, which the worker had already been using. Later, around 9/8/2014, a request for a number of medications, some topical was received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 240 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN, TOPICAL ANALGESICS Page(s): 28-29, 111-113.

**Decision rationale:** Terocin is a topical combination analgesic medication product which includes active ingredients capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Also, any combination product that contains at least one drug (or drug class) that is not recommended is not recommended. Although in the case of this worker, there was a diagnosis of lumbar and cervical radiculopathy, there was no confirmation from physical examination findings from the most recent submitted progress note to objectively show neuropathic pain to justify lidocaine use. Also, if there was neuropathy, there was no evidence found in the notes provided for review to show that the worker had tried and failed first-line oral therapies to treat it first before starting a topical lidocaine product. Therefore, the combination topical products, Terocin and (flurbiprofen/lidocaine/amitriptyline), which both include lidocaine, are not medically necessary.

**Genicin 500 mg #500:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Genicin is a glucosamine supplement. The MTUS Chronic Pain Guidelines state that glucosamine with or without chondroitin is recommended as an option to treat moderate arthritis, especially for knee osteoarthritis. Although some studies are conflicting and many different products and doses are available, it is still recommended due to its low risk. The best results were of glucosamine sulphate. Glucosamine hydrochloride has had less studies to evaluate its effectiveness. Although the worker seems to have a history of hip arthritis, there is not enough information in the notes available for review that link this condition to his injury. Also, there is no report on how effective this supplement has been for the worker while it had been used in order to justify continuation. Therefore, the Genicin is not medically necessary.

**Laxicin 8.6/50 mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment

**Decision rationale:** Laxacin is a combination product which contains both docusate sodium (stool softener) and senna (stimulant laxative). The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, there was no documented evidence of him having any constipation, nor was there any evidence of having already implemented first-line therapies (diet and exercise) first. Therefore, the Laxacin is not medically necessary to continue.

**Ketoprofen 20% 180 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, he had been using an oral NSAID, Vicoprofen. There is no need to use both oral and topical NSAIDs together as it is redundant. Also, ketoprofen is not the best choice for topical NSAIDs due to its higher side effect risk compared to other topical NSAIDs. Therefore, the requested topical products, ketoprofen and (flurbiprofen/lidocaine/amitriptyline) which contains flurbiprofen, an NSAID, are both not medically necessary.

**Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 180 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are mainly experimental as they have less studies to show evidence of effectiveness and safety long-term. Whereas some topical products may be considered, some are not recommended at all, such as topical muscle relaxants and topical anti-epileptics due to their lack of quality studies. In the case of this worker, he was requested to take the topical combination product (gabapentin/cyclobenzaprine/tramadol) which includes two non-recommended medication for topical use. Therefore, the entire product is not medically necessary to continue.

**Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, he had been using an oral NSAID, Vicoprofen. There is no need to use both oral and topical NSAIDs together as it is redundant. Also, Ketoprofen is not the best choice for topical NSAIDs due to its higher side effect risk compared to other topical NSAIDs. The MTUS Chronic Pain Guidelines state that any combination topical product which contains a medication that is not recommended is not recommended as a whole. Therefore this request is not medically necessary.