

<b>Case Number:</b>	CM14-0184190		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 24, 2010. In a Utilization Review Report dated October 17, 2014, the claims administrator retrospectively denied request for Terocin lotion, Genicin, flurbiprofen containing topical compounded cream, gabacyclotram, Laxacin, and Somnicin, all of which were reportedly dispensed on May 1, 2013. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant reported ongoing complaints of neck pain, knee pain, shoulder pain, and ankle pain. The applicant was status post multiple knee surgeries, including most recently, a left knee total knee arthroplasty. The applicant was also status post right carpal tunnel release surgery and right trigger thumb release surgery in 2011, it was acknowledged. The applicant was asked to continue Vicodin for pain relief. Physical therapy, functional capacity evaluation, and an ergonomic evaluation were sought while the applicant was kept off of work, on total temporary disability. On October 2, 2014, the applicant was given prescriptions for Norflex, gabapentin-pyridoxine compound, omeprazole-flurbiprofen compound, a flurbiprofen containing topical compound, a Keratek gel, and Vicosteron. The applicant was placed off of work via an earlier handwritten progress note dated May 13, 2014, at which point the applicant was given prescriptions for Vicodin, Lyrica, and Prevacid. In a March 5, 2014 progress note, the applicant reported multifocal pain complaints, including knee and leg pain. The applicant also had ancillary complaints of gastritis. The applicant was described as using diclofenac, Norco, tramadol, naproxen, and tizanidine. The applicant was again placed off of work, on total temporary disability. X-rays of the left and right knees of April 3, 2014 were notable for advanced arthritis about the right knee with no increase in arthritis about the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 240gm, 20 day supply [DOS: 5/1/13]: 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 topic Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin are, as a class, deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Lyrica, tramadol, diclofenac, naproxen, etc., effectively obviated the need for the Terocin lotion at issue. Therefore, the request is not medically necessary.

**Genicin 500 mg capsule #90, 30 day supply [DOS: 5/1/13]: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Genicin.

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

**Decision rationale:** As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option in the treatment of moderate arthritis pain, and especially, knee arthritis. Here, the applicant's primary pain generator does, in fact, appear to be bilateral knee arthritis, conditions for which Genicin (glucosamine) is recommended, per page 50 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

**Flurbi (NAP cream ) -LA 180 gm, 20 day supply [Flurbiprofen/ Lidocaine/ Amitriptyline HCL/PCCA Lidoderm Base] [DOS: 5/1/13]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the flurbiprofen-lidocaine-amitriptyline compound at issue are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Vicodin, diclofenac,

tizanidine, naproxen, tramadol, Lyrica, etc., effectively obviated the need for the largely experimental flurbiprofen containing compound at issue. Therefore, the request is not medically necessary.

**Gabacyclotram [Gabapentin 10%/Cyclobenzaprine 6% / Tramadol 10%/ Lidoderm Base 180 gm, 20 day supply] [DOS: 5/1/13]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The primary ingredient in the compound in question is gabapentin. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that gabapentin is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Laxacin tablet #100, 25 day supply [DOS: 5/1/13]: Overturned**

**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 Initiating Therapy section Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation should be employed in applicants who are using opioid therapy. Here, the applicant was/is using a variety of opioids, including Vicodin and tramadol. Prophylactically furnishing the applicant with a laxative agent, to combat any issues with constipation which might arise was indicated. Therefore, the request is medically necessary.

**Somnicin capsule #30, 30 day supply [DOS: 5/1/13]: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Somnicin are "not recommended" in

the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefit in the treatment of the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.