

<b>Case Number:</b>	CM14-0151647		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Management and is licensed to practice in Tennessee. 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 claimant is a 42-year-old male with a 7/11/13 date of injury. The injury occurred when he tripped over the base of an umbrella and fell directly into a marble table, hitting his head and neck. According to a progress report dated 6/9/14, the patient reported constant neck pain, which radiated to the head. He experienced muscle spasms in his neck and bilateral arms and tingling in the bilateral hands and feet. He rated his current pain level at 8-9 out of 10. Objective findings: tenderness upon palpation of cervical paravertebral muscles, limited cervical range of motion, diminished sensation to light touch in the C6 nerve root distribution of left upper extremity. Diagnostic impression: cervical disc protrusion with myelopathy, cervical radiculopathy. Treatment to date includes medication management, activity modification, physical therapy, TENS, chiropractic adjustment, and traction. A UR decision dated 8/19/14 denied the requests for Flurbi (NAP) Cream-LA and Terocin. As the claimant is clearly able to use oral medications, there is no rationale presented for the use of compounded cream. Additionally, there is no evidence for use of antidepressants as a topical product. There is little evidence to utilize local NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi (NAP) Cream-LA 180gms with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the medical records provided for review, Flurbi (NAP)-LA is a topical cream containing Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 4%. However, guidelines do not support the use of these agents in a topical cream/lotion/ointment formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation as to why he is unable to tolerate oral medications. Therefore, the request for Flurbi (NAP) Cream-LA 180gms with 3 refills is not medically necessary.

**Terocin 120ml with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound Drugs

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

**Decision rationale:** An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including Lidocaine (in creams, lotion or gels), for topical applications. In addition, the California MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a Capsaicin formulation, the above compounded topical medication is not recommended. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not provided. In addition, there is no documentation as to why he is unable to tolerate oral medications. Therefore, the request for Terocin 120ml with 3 refills is not medically necessary.