

<b>Case Number:</b>	CM14-0214286		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 46-year-old woman with a date of injury of September 1, 2012. The mechanism of injury was documented as a cumulative trauma. The injured worker's working diagnoses are left carpal tunnel syndrome; left wrist sprain/strain; left wrist derangement; and avascular necrosis of the left wrist. Pursuant to the progress report dated November 20, 2014, the IW reports that her left wrist and hand symptoms remain unchanged from the prior examination. She continues to complain of constant moderate left wrist and hand pain with numbness and tingling in the left hand. Pain is rated 4/10. Objective physical findings reveal left wrist range of motion: Flexion 60 degrees, extension 50 degrees, radial deviation 15 degrees, and ulnar deviation 25 degrees. There is tenderness to palpation noted along the ulnar aspect of the wrist. The treating physician is recommending compound topical creams for pain. The current request is for Flurbi (NAP) Cream-LA 180 grams: Flurbiprofen, Lidocaine, Amitriptyline; Gabacyclotram 180 grams: Gabapentin, Cyclobenzaprine, Tramadol; Terocin 240 ml: Capsaicin, Methyl Salicylate, Menthol, Lidocaine; and Terocin pain patch #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi (NAP) cream, 180 gms (Flurbiprofen, Lidocaine, Amitriptyline): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fluribi (NAP) cream 180 g (Flurbiprofen, Lidocaine, and Amitriptyline) is not medically necessary. Topical analgesics are largely experimental control trials to determine efficacy or safety. They 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. Flurbiprofen is not FDA approved. In this case, the injured worker's working diagnoses are left carpal tunnel syndrome; left wrist sprain/strain; left wrist derangement; avascular necrosis of the left wrist. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen- not FDA approved, lidocaine in cream form) that is not recommended is not recommended. Consequently, Flurbi (NAP) cream 180 g (Flurbiprofen, Lidocaine, and Amitriptyline) is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbi (NAP) cream 180 g (Flurbiprofen, Lidocaine, and Amitriptyline) is not medically necessary.

**Gabacyclotram 180gms (Gabapentin, Cyclobenzaprine, Tramadol): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabacyclotram (gabapentin, cyclobenzaprine, and tramadol) #180 g is not medically necessary. Topical analgesics are largely experimental control trials to determine efficacy or safety. They 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. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are left carpal tunnel syndrome; left wrist sprain/strain; left wrist derangement; avascular necrosis of the left wrist. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (gabapentin and cyclobenzaprine) that is not recommended is not recommended. Consequently, Gabacyclotram (gabapentin, cyclobenzaprine, tramadol) is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabacyclotram (Gabapentin, Cyclobenzaprine, and Tramadol) is not medically necessary.

**Terocin 240ml (Capsaicin, Methyl Salicylate, Menthol, Lidocaine): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin #240 MLs (Capsaicin, Methyl Salicylates, Menthol, and Lidocaine) is not medically necessary. Topical analgesics are largely experimental control trials to determine efficacy or safety. They 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left carpal tunnel syndrome; left wrist sprain/strain; left wrist derangement; and avascular necrosis of the left wrist. Lidocaine in lotion form is not recommended. Any compounded product that contains at least one drug (lidocaine in lotion) that is not recommended is not recommended. Consequently, Terocin 240 MLs (capsaicin, methyl salicylates, menthol, lidocaine) is not recommended. Based on the clinical information medical record and the peer-reviewed evidence-based guidelines, Terocin 240 MLs (Capsaicin, Methyl Salicylates, Menthol, and Lidocaine) is not medically necessary.

**Terocin pain patch #20: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin pain patch #20 (capsaicin, methyl salicylates, menthol, lidocaine) is not medically necessary. Topical analgesics are largely experimental control trials to determine efficacy or safety. They 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left carpal tunnel syndrome; left wrist sprain/strain; left wrist derangement; and avascular necrosis of the left wrist. Lidocaine in patch form is not recommended. Any compounded product that contains at least one drug (lidocaine in patch) that is not recommended is not recommended.

recommended. Consequently, Terocin 240 patch (capsaicin, methyl salicylates, menthol, and lidocaine) is not recommended. Based on the clinical information medical record and the peer-reviewed evidence-based guidelines, Terocin pain patch #20 (capsaicin, methyl salicylates, menthol, lidocaine) is not medically necessary.