

<b>Case Number:</b>	CM15-0175325		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 68 year old male, who sustained an industrial injury on 01-09-2013. The injured worker was diagnosed as having headache, cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion and lumbar radiculopathy. On medical records dated 05-27-2015, subjective complaints were noted as the injured worker returning for pain management for headaches pain level rated a 5 out of 10, neck pain that radiates to the upper extremities with numbness and tingling and low back pain that radiates to the left lower extremity and rated as a 6 out of 10. On medical record dated 03-04-2015, pain levels were noted as headache 8 out of 10, low back pain that radiates to left lower extremity 8 out of 10 and neck pain was noted as 7 out of 10. Objective findings were noted as cervical spine tenderness to palpation along the paravertebral muscles bilaterally. And palpable spasms along the paravertebral muscles of the lumbar spine bilaterally. And straight leg raise was positive on the right. Sensory examination of the lower extremities revealed decreased sensation to light touch over the L5-S1 nerve root distributions bilaterally. The injured worker was noted to be permanent and stationary. Treatment to date includes medication and home exercise program. The Utilization Review (UR) was dated 08-05-2015. The UR submitted for this medical review indicated that the request for Terocin, Gabacyclotram and Genicin Glucosamine Na was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Terocin 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Methyl Salicylate is a topical NSAID which is indicated for short term use for arthritis. The claimant does not have arthritis. In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The claimant was on oral NSAIDS as well without indication of reduction. Topical NSAIDS can reach system levels similar to oral NSAIDS. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

### **Gabacyclotram 180mgs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Gabacyclotram contains Gabapentin, Cyclobenzaprine and Tramadol. According to the guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. According to the guidelines, there is no evidence for use of Gabapentin or muscle relaxants. In addition, the claimant was also prescribed other topical and oral analgesics. There is no indication for combining multiple medications. Based on the above, since Gabacyclotram contains Gabapentin and a muscle relaxant, it is not medically necessary.

**Genicin Glucosamine Na 500mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**Decision rationale:** Genicin is indicated for arthritis of the knee. In this case, the claimant does not have knee OA. There is no imaging provided to support its use. The claimant was on other analgesics. The Genicin is not medically necessary.