

<b>Case Number:</b>	CM15-0065057		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 is a 64-year-old male who has reported neck, back, and shoulder pain after an injury on 2/11/10. The diagnoses have included shoulder impingement, cervical strain, lumbar strain and myofascial pain syndrome. Treatment to date has included injections, medications, and physical therapy. Reports from the primary treating physician during 2014-2015 reflect ongoing "not working" status, use of a cane, and multifocal pain. Medications included Flexeril, Neurontin, Menthoderm, and Terocin. None of the reports describe specific functional improvement or other significant benefit from any medication. On 2/25/15, pain was increased. Neurontin was increased, a seated walker was prescribed, and Terocin was listed. As of the PR2 dated 3/10/15, there was ongoing pain. There was no discussion of the results of using any medication. The treatment plan included injections for the shoulder and spine, Neurontin 900mg, Flexeril 7.5mg, Menthoderm gel #4 and Terocin patches #30 x 2 refills. An appeal letter of 3/17/15 included generic information about medications but no information that was specific to this patient regarding the specific results of treatment. On 3/13/15 Utilization Review partially certified Flexeril and non-certified Neurontin, Terocin, and Menthoderm. The requested medications did not include quantities other than for Flexeril. Ca MTUS was cited in support of the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 900mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-21, 60.

**Decision rationale:** Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Work status has remained as off work while gabapentin was prescribed, indicating a failure of treatment. Pain increased while gabapentin was prescribed and multiple other modalities of treatment were prescribed, which is a lack of functional improvement as defined in the MTUS. The injured worker deteriorated from using a cane to using a walker while taking gabapentin. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Gabapentin is not medically necessary based on the lack of any clear indication, the unspecified quantity, and the lack of significant symptomatic and functional benefit from its use to date.

**Flexeril 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for muscle relaxants, per the MTUS, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Menthoderm gel qty: 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications, Salicylate topical Page(s): 60, 111-113, 105.

**Decision rationale:** The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. There is no evidence in any of the reports that there is specific functional improvement after using Mentherm. While using Mentherm pain increased, walking ability declined, other treatments increased, and the injured worker remained off work. Although topical salicylates may be prescribed, as noted in the MTUS, the results in this case do not warrant continued use. Mentherm is therefore not medically necessary.

**Terocin patches #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: December 5, 2006 FDA Alert, FDA Warns Five Firms to Stop Compounding Topical Anesthetic Creams.

**Decision rationale:** The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Topical lidocaine in the form of the Lidoderm patch is indicated for neuropathic pain (not present in this case). The MTUS does not recommend Terocin, and does not recommend topical anesthetics other than Lidoderm for neuropathic pain (a condition not present in this case). Note the FDA warning cited above. Topical lidocaine like that in Terocin is not indicated per the FDA, and places patients at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula prescribed is not clear. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

