

<b>Case Number:</b>	CM15-0072513		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: 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 is a 51 year old male, who sustained an industrial injury on July 27, 2010. He reported left hand stump pain. The injured worker was diagnosed as having traumatic left multi-digit amputation, post-traumatic hypersensitivity and stiffness to the joints, phantom pain in the left hand and insomnia. Treatment to date has included diagnostic studies, medications, conservative care, prosthesis and work restrictions. Currently, the injured worker complains of left hand phantom pain and stump pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He reported working as a landscaper and getting his hand caught in a wood chipper. He was treated conservatively without complete resolution of the pain. Evaluation on November 3, 2104, revealed continued pain as noted. Topical and oral medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches, #2:** 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 Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin patches, #2 is not medically necessary by MTUS.

**Fenoprofen 400mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker complains of chronic left hand stump pain. Documentation showed that Naproxen is also being prescribed and there is no evidence of acute exacerbation or significant improvement in pain. With MTUS guidelines not being met, the request for Fenoprofen 400mg, #60 is not medically necessary.

**Exoten-C lotion 120mg, #2:** 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 Page(s): 111. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/>.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Exoten-C Lotion is a topical analgesic containing Methyl salicylate 20%, Menthol USP 10% and Capsaicin 0.002%. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Exoten-C lotion 120mg, #2 is not medically necessary.

**Narcosoft capsule, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Society of Colon and Rectal Surgeons, Practice parameters for the evaluation and management of constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.nwpharma.com/product/narcosoft/>.

**Decision rationale:** Narcosoft is a Medical Nutritional Supplement containing a blend of soluble fibers and laxatives that is used for symptoms of constipation. Documentation fails to show that the injured worker is prescribed Opioids or diagnosed with constipation. There is also no objective evidence supporting the medical necessity for a medical food in the presence of established treatment guidelines utilizing prescription medications. The request for Narcosoft capsule, #60 is not medically necessary.

**Flurbiprofen cream, unspecified dosage and quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

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

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen cream, unspecified dosage and quantity is not medically necessary.

**Theramine unspecified dosage, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Theramine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food.

**Decision rationale:** Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). Per ODG, medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation fails to show objective evidence supporting the medical necessity for a medical food in the treatment of this injured worker. The request for Theramine unspecified dosage, #90 is not medically necessary.