

<b>Case Number:</b>	CM14-0069609		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back, knee, ankle, and foot pain reportedly associated with an industrial injury of September 18, 2012. In a Utilization Review report dated April 23, 2014, the claims administrator failed to approve requests for Neurontin, Voltaren, Flexeril, and Terocin. The claims administrator referenced an April 16, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On said April 16, 2014 handwritten progress note, the applicant reported ongoing complaints of foot and ankle pain. Some complaints of associated numbness were reported. The note was handwritten, difficult to follow, and not entirely legible. Neurontin, Flexeril, Voltaren, and Terocin patches were endorsed. The applicant was returned to regular duty work. The note was very difficult to follow but did seemingly suggest that the medications were beneficial such as helping the applicant maintain full-time work status. The applicant was given diagnoses of myofascial pain syndrome, foot pain, and ankle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Gabapentin (Neurontin, Gabarone™, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 49; 19; 7.

**Decision rationale:** No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, is not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is considered a first-line treatment for neuropathic pain and while page 19 of the MTUS Chronic Pain Medical Treatment does acknowledge that gabapentin can be employed on a trial basis for applicants with fibromyalgia, here, however, it was not clearly stated or clearly established for what issue, diagnosis, and/or purpose Neurontin (gabapentin) had been prescribed. The applicant was given diagnoses of myofascial pain syndrome, foot pain, and ankle pain on the April 16, 2014 progress note at issue, i.e., diagnoses that are not necessarily suggestive of neuropathic pain processes or myofascial pain processes. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should base its choice of pharmacotherapy on the type of pain to be treated and/or pain mechanism involved. Here, the attending provider did not clearly state for what issue, diagnoses, symptom, and/or purpose Neurontin (gabapentin) had been prescribed. Therefore, the request is not medically necessary.

**Voltaren 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Inflammatory Drugs (NSAIDs) Page(s): 70, 71. Decision based on Non-MTUS Citation Diclofenac Sodium (Voltaren, Voltaren-XR), generic available, (Voltaren, diclofenac sodium enteric-coated tablet package Insert), (Voltaren-XR, diclofenac sodium extended release tablets Package insert).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** Similarly, the request for oral Voltaren (diclofenac), an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren (diclofenac) do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made in ODG's Chronic Pain Chapter diclofenac topic to the effect that diclofenac or Voltaren is not recommended as a first-line NSAID owing to its increased risk profile. Here, the attending provider failed to furnish a rationale for selection of this particular agent over first-line NSAIDs such as Motrin or Naprosyn in his handwritten progress note of April 16, 2014. Therefore, the request is not medically necessary.

**Terocin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROCIN- methyl salicylate, capsaicin, menthol ...[dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0), Oct 15, 2010 - FDA Guidance's & Info; NLM SPL Resources. Download Data, Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

**Decision rationale:** Similarly, the request for topical Terocin is likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the secondary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or/are intolerant of other treatments. Here, however, there was no mention of the applicant's intolerant to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin patches at issue. Therefore, the request is not medically necessary.

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasmodics Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Finally, the request for Flexeril (cyclobenzaprine) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Neurontin, Voltaren, Terocin, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of Flexeril at issue, in and of itself, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.