

<b>Case Number:</b>	CM13-0002643		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Patient is an injured worker with a history of bilateral upper extremity conditions. Date of injury was 07-28-2010. Treating physician's maximal medical improvement consultation report 6/18/2013 documented past medical history including hypertension and diabetes. Medications included Tenormin (Atenolol) 10 mg 1 per day, Metformin, Lipitor, Xerenex (Paroxetine), Voltaren, Protonix. Diagnostic impression: History of right carpal tunnel and trigger thumb; History of right carpal tunnel decompression 8/2011; Right shoulder tendinopathy; History of left carpal tunnel and ulnar neuropathy; Status post release of right trigger thumb 8/23/2012; Status post left carpal tunnel release and left ulnar nerve decompression at Guyon's canal 1/10/2013. Utilization review dated 07-08-2013 recommended non-certification of the request for Terocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR FOR MEDICATIONS PRESCRIBED TEROGIN (APPLY TO AFFECTED AREAS AS DIRECTED 2-3 TIMES DAILY DURATION UNKNOWN) (6/18/2013) FOR PAIN (BILATERAL HANDS/WRISTS, NECK STRAIN, RIGHT SHOULDER STRAIN): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch), Lidocaine, NSAIDs Page(s): 111-113, 56-57, 112, 69.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic, containing methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Per MTUS guidelines, capsaicin is considered only as an option in patients who have not responded or are intolerant to other treatments. Patient has been prescribed Voltaren. There is no documentation of non-response or intolerance to other treatments. MTUS guidelines state that only FDA-approved lidocaine products are currently recommended. Lidoderm (lidocaine patch) is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not a first-line treatment. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. For non-neuropathic pain, topical lidocaine is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Per MTUS guidelines, the use of topical lidocaine is only supported for post-herpetic neuralgia. Medical records do not document a diagnosis of post-herpetic neuralgia. The use of topical lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia is not supported. The use of topical lidocaine for non-neuropathic pain is not supported. MTUS guidelines warns against prescribing NSAIDs to hypertensive patients. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking beta-blockers. Patient has a history of hypertension and the medication Tenormin (Atenolol) which is a beta-blocker. According to MTUS guidelines, there are no long-term studies of their effectiveness or safety of topical NSAIDs. Methyl salicylate is an NSAID. Patient was also prescribed Voltaren which is an NSAID. Methyl salicylate would be redundant therapy. MTUS guidelines state that any compounded topical analgesics product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of Terocin. Therefore, the request for Retrospective Request for medications Prescribed Terocin (apply to affected areas as directed 2-3 times daily duration unknown) (6/18/2013) for pain (Bilateral Hands/Wrists, Neck Strain, Right Shoulder Strain) is not medically necessary.