

Case Number:	CM13-0008218		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2010
Decision Date:	06/13/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/06/2013

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 Anesthesia, has subspecialties in Acupuncture and Pain 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:

The patient is a 62 year old female with a date of injury of 10/21/10; she experiences related shoulder pain. She is status post arthroscopic subacromial decompression with resection of coracoacromial ligament, resection of the acromioclavicular joint, repair of rotator cuff tear, biceps tenodesis, and complete synovectomy with significant adhesions/lysis of adhesions as of 2/8/13. Imaging studies were not included in the documentation submitted for review. She has been treated with surgery, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3% TEROGIN COMPUND CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: This request appears to be a typo, and likely two products. However it does not change the determination, as Flector could be indicated for arthritis in the knees and other places, but the documentation needed for affirmation is not present. The request not medically necessary. Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With

regard to topical NSAID agents, the MTUS Chronic Pain Medical Treatment Guidelines state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Terocin is made of capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Per the Chronic Pain Medical Treatment Guidelines, there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Capsaicin is not indicated for shoulder pain. Methyl salicylate may have an indication for chronic pain in this context. Per the MTUS, methyl salicylate is significantly better than placebo in chronic pain. However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical lidocaine, the MTUS states that it is not recommended for non-neuropathic pain. 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 the MTUS, Boswellia Serrata Resin is not recommended for chronic pain. Terocin topical lotion contains menthol. The California MTUS provides no evidence-based recommendations regarding the topical application of menthol, which inherently implies a lack of recommendation, or a status equivalent to not recommended. The MTUS also states that if one component of a compounded medication is not recommended, the entire compound cannot be recommended. Regarding the use of multiple medications, the MTUS states that only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1-3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually before implementing them in a compounded medications. The documentation submitted for review do not support the medical necessity of this compounded cream. As such, the request is not medically necessary.