

<b>Case Number:</b>	CM13-0009433		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

### 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 54-year-old female who reported injury on 10/22/2007. The mechanism of injury was not provided. The patient was reporting pain in the neck and shoulders an 8/10. The diagnoses were noted to include shoulder pain, postlaminectomy syndrome cervical region, degeneration of intervertebral disc, spinal stenosis, and supraspinatus sprain. The request was made for electromyography of the neck and upper extremities and Terocin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the neck and upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/neck.htm>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient was noted to have an electrodiagnostic study of the upper extremities and cervical spine on 12/11/2012, which revealed the patient had a normal EMG of the upper extremities and cervical spine paraspinal muscles and the patient had no electrodiagnostic

evidence of cervical radiculopathy or nerve root irritation of the cervical spine. The physician indicated that the patient should have electrodiagnostic studies of the upper and lower extremities to rule out radiculopathy following a cervical epidural and CT myelogram of the cervical spine. The clinical documentation submitted for review failed to provide the patient had subtle focal neurologic dysfunction as the physical examination was stated to be the same and there was a lack of documentation indicating myotomal and dermatomal findings to support subtle neurologic dysfunction. Given the above, the request for electromyography of the neck and upper extremities is not medically necessary.

**Terocin cream (dispensed 7/9/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical and Topical analgesics Page(s): 1005, 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The guidelines recommend treatment with topical salicylates. Drugs.com indicates that Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide a rationale for the medication and it failed to provide the efficacy of the medication. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations.