

<b>Case Number:</b>	CM13-0021504		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia 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. 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 claimant is a 39-year-old female presenting with chronic bilateral wrist pain following a work-related injury on January 7, 2009. The claimant reported tingling, numbness, and swelling in both hands. The claimant had left carpal tunnel release on January 1, 2010. The claimant's physical exam was significant for bilateral wrist tenderness and bilateral Tinel sign. The claimant has tried medications including Gabapentin for paresthesias in the arms without relief of her symptoms. The provider added Terocin and Dendracin lotion to help with her unresolved symptoms. The claimant was diagnosed with lateral epicondylitis, limb pain, myalgia, and repetitive strain injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 240ml x2 6/12/13:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines do not cover "topical analgesics that are largely experimental in use with a few randomized controlled 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". Additionally, MTUS Chronic Pain Guidelines state that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with lateral epicondylitis, limb pain, myalgia and repetitive strain injury which are non-neuropathic pain syndromes. MTUS Chronic Pain Guidelines state that topical analgesics such as Lidocaine are not recommended for non-neuropathic pain. The request for Terocin Lotion 240ml x2 6/12/13 is not medically necessary and appropriate.

**Dendracin 240ml x2 6/12/13:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines do not cover "topical analgesics that are largely experimental in use with a few randomized controlled 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". Additionally, MTUS Chronic Pain Guidelines state that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with lateral epicondylitis, limb pain, myalgia and repetitive strain injury which are non-neuropathic pain syndromes. MTUS Chronic Pain Guidelines state that topical analgesics such as Lidocaine are not recommended for non-neuropathic pain. The request for Dendracin 240ml x2 6/12/13 is not medically necessary and appropriate.