

<b>Case Number:</b>	CM13-0028177		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 55-year-old female who reported an injury on 03/01/2009. The injury was noted to have occurred when the patient picked up a heavy box and carried it for one block, then she felt a sharp pain in the center of her low back which spread to each side of her lower spine when she set the box down. Her symptoms are noted as left shoulder pain. She has been diagnosed with left shoulder impingement syndrome and bicipital tendonitis with acromioclavicular joint inflammation status post surgical intervention, multiple surgeries three times, and with persistent symptomatology. A request was made for additional acupuncture treatments to help decrease the pain in her left shoulder. It was noted that she was previously approved for six acupuncture visits on 07/03/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion-4 ounces:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113.

**Decision rationale:** Terocin lotion is noted to include methyl salicylate, Capsaicin, menthol, and Lidocaine. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, it states that any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The guidelines state that salicylate topicals are recommended as they have shown to be more effective than placebo for the treatment of pain. In regard to Capsaicin topically, the guidelines state that it is recommended only as an option in patients who have not responded or are intolerant to other treatments. For topical Lidocaine, the guidelines state that the only Food and Drug Administration approved and recommended formulation of topical Lidocaine is the Lidoderm patch. Additionally, it states that Lidocaine is not recommended for nonneuropathic pain. As the patient does not meet the criteria for the use of Capsaicin topically, nor Lidocaine topically, the compounded medication including these drugs is not recommended. Therefore, the request is non-certified.

**Acupuncture- amount not specified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California Acupuncture Guidelines state that this treatment is recommended as one to three times per week for one to two months, with a time to produce functional improvement of three to six treatments. It states that further acupuncture treatments may be extended if functional improvement is documented following the initial three to six treatments. The patient was noted to have previously been approved for six acupuncture treatments; however, the clinical information submitted for review failed to provide evidence of objective functional gains with the initial six treatments. Therefore, the request for additional acupuncture treatments is not supported. For this reason, the request is non-certified.

**Retrospective: Terocin Lotion-4 ounces:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113.

**Decision rationale:** Terocin lotion is noted to include methyl salicylate, Capsaicin, menthol, and Lidocaine. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, it states that any compounded product that contains at least 1 drug, or drug class, that is not recommended is

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