

<b>Case Number:</b>	CM13-0032280		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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. 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 51-year-old female who works for [REDACTED]. She sustained a left elbow injury on 01/23/13 after lifting merchandise at work. In an initial consultation report dated 05/06/13, a right handed patient presented with left elbow pain from an aching pain to intermittent sharp pain on the outside of her left elbow. She also reported left hand tingling and left arm weakness. It was noted that on 01/24/13, the patient was provided with Motrin and an elbow strap. Physical examination revealed tenderness over the right lateral epicondyle and over the left carpal tunnel; some tenderness over the lateral aspect of the upper arm and jamar grip at 12/10/10. The patient was diagnosed with left lateral epicondylitis and left carpal tunnel syndrome. It was noted that [REDACTED] treated the patient with dexamethasone injection to the left carpal tunnel. The patient was given a left wrist splint; was recommended for therapy and was prescribed with Voltaren and Terocin. In a primary treating physician's follow-up consultation report dated 07/22/13, the patient presented with constant left hand numbness, some left elbow weakness and pain and left shoulder and neck stiffness and pain. Physical examination revealed tenderness was less prominent over the left lateral epicondyle; mild tenderness over the carpal tunnel and mild anterior deltoid and rhomboid major tenderness in the left shoulder associated with some crepitation with active range of motion. The patient was recommended for a repeat dexamethasone injection and was prescribed with Voltaren and Terocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion, (duration and frequency unknown) dispensed on 7/22/2013 for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compounded Analgesics.

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

**Decision rationale:** Terocin lotion is a topical analgesic containing the following active ingredients: Capsaicin, Lidocaine, Menthol and Salicylate. According to Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) section on topical analgesics, pages 111 to 112, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\beta$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore Retrospective Request for medications prescribed (Terocin Lotion, duration and frequency unknown, dispensed on 7/22/2013 for left elbow) is not medically necessary.â€