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| <b>Case Number:</b>   | CM13-0032282 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 10/12/2010 |
| <b>Decision Date:</b> | 03/26/2014   | <b>UR Denial Date:</b>       | 09/19/2013 |
| <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 Anesthesia has a subspecialty 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 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:

This is a 53-year-old female injured worker with date of injury 10/12/10 resulting from cumulative trauma. She is diagnosed with cervical stenosis; status post anterior cervical discectomy with fusion (2/17/11); possible delayed union; bursitis of shoulder, improving; chronic pain; anxiety and depression, industrially-related. Per 5/1/13 note, the injured worker was found to be permanent and stationary. She was refractory to physical therapy and medications. The date of UR decision was 9/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The retrospective requested treatment DOS 8/7/13 of Terocin for Cervical Sprain/Strain and Right Trapezial Muscle Sprain/Strain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 60, 111-113.

**Decision rationale:** Terocin is capsaicin, Lidocaine, Menthol, Methyl Salicylate, and Boswellia Serrata. Methyl Salicylate may have an indication for chronic pain in this context. Per (MTUS) Medical Treatment Utilization Schedule, (p105), "Recommended. Topical Salicylate (e.g., Ben-

Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." Regarding capsaicin per MTUS p 112 "Indications: 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." Capsaicin is not indicated for muscle sprain/strain. 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, MTUS states (p112) " Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). "Per MTUS p25 Boswellia Serrata Resin is not recommended for chronic pain. Terocin contains menthol. The CA MTUS, Official Disability Guidelines (ODG), National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "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 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) 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." It would be optimal to trial each medication individually, given the above the request is not medically necessary.