

<b>Case Number:</b>	CM13-0038726		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/24/1998
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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:

There were 51 pages provided for this review. There was an application for independent medical review signed on September 18, 2013. It was for the topical use for pain for Neurontin, Medrox patches and a TENS unit and hot and cold wrap. The diagnoses were degenerative cervical intravertebral disc, other syndromes affecting the cervical region, a sprain-strain of the shoulder and upper arm. Per the records provided, there was pain in the cervical spine with moderate myofascial pain and muscle tenderness. There is degenerative disc disease and shoulder impingement. There was a July 2, 2013 note that describes the claimant as a 62-year-old white female who was working full time as an office clerk. She has persistent neck pain at four out of 10. She was undergoing acupuncture with positive results and the last session was a month ago. For the past month, she had pain reduction but the pain started to come back and today it is four out of 10 on the pain scale. She has difficulty doing heavy work. She can do some light cleaning and self-care. The diagnoses are cervical pain with referred pain into the upper extremities due to myofascial pain and muscle tightness. There is a shoulder impingement syndrome status post arthroscopy. She is currently working full time as the front desk clerk. She does not need medicines. She had eight sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion 4oz:** Upheld

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

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

**Decision rationale:** Per the PDR, Terocin is a topical agent that contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50% The MTUS Chronic Pain section notes: Salicylate topicals Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Topical Analgesics Recommended as an option as indicated below. Largely experimental in use 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, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request for Terocin lotion is appropriately non-certified under MTUS criteria.

**Lidoderm Patch 5%, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS.

**Medrox Patches QTY: 20:** Upheld

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

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

**Decision rationale:** Regarding Medrox patches, California MTUS note that topical analgesics are recommended as an option in certain circumstances. They 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. Medrox is a compounded agent which contains Methyl Salicylate 20 percent, Capsaicin 0.0375 percent, and Menthol 5 percent. There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. With the report provided, there are no indications of failed trials of first-line recommendations (antidepressants and anticonvulsants). There is no documentation that these medications are insufficient to manage symptoms. With these in consideration, medical necessity is not established for the requested topical patches.

**TENS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**Decision rationale:** The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005). Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985). Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005), Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007), I did not find in these records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is appropriately not medically necessary.

**Hot/Cold Wrap:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** This durable medical equipment wrap is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Wraps are simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such purchased wraps. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately not medically necessary.