

<b>Case Number:</b>	CM13-0057008		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/09/2008
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is 35 year old female with date of injury on 12/09/2008. The progress report dated 09/05/2013 indicates that the patient's diagnoses include: (1) left shoulder subacromial bursitis, (2) left elbow with malunited radial head fracture, status post arthroscopic intervention in 2010, (3) left wrist extensor carpi ulnaris tendinosis and TFCC tear, (4) left wrist carpal tunnel syndrome, electro-diagnostically supported, (5) de Quervain's tenosynovitis/clinically improved on 09/01/2011, (6) chronic cervical strain without radiculopathy, (7) decreased sensation to light touch in the C6 and C7 distribution. The patient continues with significant left shoulder pain and left elbow pain. Physical exam findings indicate decreased range of motion of the left shoulder. There is tenderness over the AC joint with palpation and with cross-arm testing. Positive drop arm test. Positive impingement symptoms. There is decreased sensation in the C6 and C7 distribution to light touch, 4/5 strength in all quadrants. Examination of the left elbow showed decreased range of motion with positive Tinel's over the cubital tunnel, positive tenderness to palpation over the medial epicondyle. Exam of the left wrist indicates positive Phalen's, positive Tinel's, positive carpal compression test. Terocin pain-relief lotion, 4 ounces, was requested for the patient. Utilization review letter dated 11/19/2013 issued non-certification of this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain relief lotion 4 oz:** Upheld

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

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

**Decision rationale:** The patient continues with significant left shoulder pain, left elbow and wrist pain. The request was made for Terocin pain-relief lotion which contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS Guidelines page 111 through 113 regarding topical analgesics states that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Under separate topic of lidocaine, MTUS supports the use of topical lidocaine in the formulation of a dermal patch for neuropathic pain. MTUS specifically states that no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The use of this topical cream with lidocaine is not supported by the guidelines noted above. Therefore, recommendation is for denial.