

<b>Case Number:</b>	CM13-0071824		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/01/1994
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 78-year-old female with a 10/1/94 date of injury. At the time (12/19/13) of the Decision for Terocin patches #20 for topical relief and Lidopro lotion 4 ounces to be applied in a small amount 2-3 times as needed, there is documentation of subjective (chronic pain of the bilateral wrists, right elbow, and right shoulder) and objective (none specified) findings, current diagnoses (post-decompression carpal tunnel syndrome, CMC joint arthritis on the left side, ganglion of the right wrist, and stenosing tenosynovitis along the A1 pulley of the thumb (post-release)), and treatment to date (medication including Medrox).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TEROCIN PATCHES #20 FOR TOPICAL RELIEF: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Terocin patch contains ingredients that include Lidocaine and Menthol. The Chronic Pain Medical Treatment Guidelines indicate that many agents are compounded as

monotherapy or in combination for pain control. Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of diagnoses of post-decompression carpal tunnel syndrome, carpometacarpal (CMC) joint arthritis on the left side, ganglion of the right wrist, and stenosing tenosynovitis along the A1 pulley of the thumb (post-release). However, Terocin contains at least one (1) drug (lidocaine), which is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patches #20 for topical relief is not medically necessary.

**LIDOPRO LOTION 4 OUNCES TO BE APPLIED IN A SMALL AMOUNT 2-3 TIMES AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control. Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of diagnoses of post-decompression carpal tunnel syndrome, carpometacarpal (CMC) joint arthritis on the left side, ganglion of the right wrist, and stenosing tenosynovitis along the A1 pulley of the thumb (post-release). However, Lidopro contains at least one drug (lidocaine), which is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidopro lotion 4 ounces to be applied in a small amount two to three (2-3) times as needed is not medically necessary.