

<b>Case Number:</b>	CM14-0014994		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/22/2006
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in tEXAS. 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:

The injured worker is a 59-year-old female who reported an injury on 06/22/2006. The mechanism of injury was not provided. The clinical note dated 01/06/2014 indicated that the injured worker presented with upper left extremity pain, decreased strength, decreased sensitivity in the median nerve distribution, and tenderness over the medial and lateral epicondylar area. Upon examination of the left elbow, there was light tenderness over the medial epicondylar area, 1 tenderness over the lateral epicondylar area and a positive tenderness at the elbow. There was also tenderness over the extensor and flexor muscle masses and pain with resisted flexion. Prior treatment included physical therapy and injections. Her diagnoses were listed to include elbow mild arthritic changes around the medial head and degeneration and some osteophyte formation, status post left lateral epicondylar release in 2007, status post left radial humeral ulnar ligament reconstruction of the elbow in 2008, status post left forearm median nerve decompression under the pronator teres on 10/28/2008, chronic left elbow pain with some medial epicondylitis. The current treatment included continuation of physical therapy. The provider requested a epicondylar brace for the medial and lateral epicondylar tenderness, and Terocin cream to help with pain and spasm. The Request for Authorization Form dated was 01/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN COMPOUND CREAM X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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

**Decision rationale:** The request for Terocin compound cream x 2 is not medically necessary. Terocin cream is comprised of methyl salicylate, capsaicin, menthol, and Lidocaine. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded products that contain at least 1 drug that is not recommended, is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers who have not responded or are intolerant to other treatments. The guidelines state that the Lidoderm patch is the only topical form of Lidocaine approved. The included medical documents do not indicate that the injured worker has not responded to or are intolerant to other treatments. The guidelines do not recommend topical Lidocaine in any other form other than Lidoderm. Included medical documents do not indicate a failed trial of antidepressants or anticonvulsants. The request does not indicate the frequency, dose, or the site at which the Terocin, and cream was intended for. As such, the request is not medically necessary.

**LEFT ELBOW EPICONDYLAR BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 5-7.

**Decision rationale:** The request for left elbow epicondylar brace is not medically necessary. ACOEM/California MTUS state that in general, immobilization should be avoided. An exception is immediately after surgery where a brief immobilization may be required. Splinting is sometimes utilized. However, experts believe splinting potentially contributes to elbow pain. As the guidelines do not recommend immobilization of the elbow, the left elbow epicondylar brace is not medically necessary.