

<b>Case Number:</b>	CM14-0134509		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Orthopedic Surgery 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:

The patient is a 65-year-old female who has submitted a claim for bilateral carpal tunnel syndrome and wrist arthritis associated with an industrial injury date of 8/30/2010. Medical records from 2013 to 2014 were reviewed. The most recent progress report was dated 4/24/2014. Patient complained of persistent right hand pain status post carpal tunnel release and revision. Physical examination showed tenderness over the right carpal tunnel region. EMG/NCV report from 12/5/2013 showed mild abnormal sensory nerve conduction velocity in median nerve distribution of the right upper extremity, suggesting probable subacute or early carpal tunnel pathology. Treatment to date has included bilateral carpal tunnel release, physical therapy, and medications such as nabumetone (since January 2014), and Terocin patch (since April 2014). Utilization review from 7/24/2014 denied the request for Terocin patch 31 (10 each box) because other than Lidoderm patch, no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain; and certified nabumetone 750 mg, #60 because NSAIDs are recommended as first-line treatment for osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch 31 (10 Each Box):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylate.

**Decision rationale:** Terocin patch contains both lidocaine and menthol. On Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient has been on Terocin patch since April 2014 for neuropathic pain. However, there is no documentation concerning pain relief and functional improvement derived from its use. Moreover, there is no evidence that patient is initially prescribed first-line therapy prior to initiation of lidocaine patch. Therefore, the request for Terocin Patch 31 (10 Each Box) is not medically necessary.

**Nabumetone 750mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Nonsteroidal Anti-Inflammatory Drugs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Nonsteroidal Anti-Inflammatory Drugs); Nabumetone (Relafen , generic available), Page(.).

**Decision rationale:** AAs stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The lowest effective dose of nabumetone should be sought for each patient. Its use for moderate pain is off-label. The recommended starting dose for Relafen is 1000mg and additional relief may be obtained with a dose of 1500mg to 2000mg per day. Of note, utilization review from 7/24/2014 certified this request with a rationale that NSAIDs are recommended as first-line treatment for osteoarthritis. However, patient has been on nabumetone since January 2014 and there is no documentation concerning pain relief and functional improvement derived from its use. Moreover, long-term NSAID use is not recommended. Therefore, the request for Nabumetone 750mg, #60 is not medically necessary.