

<b>Case Number:</b>	CM14-0027937		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 37-year-old male who reported an injury on 12/10/2011 due to a slip at work. The injured worker was diagnosed with cervicgia and left shoulder pain. Conservative care was initiated for the injured worker. An x-ray on 05/30/2012 of the lumbar spine indicated an unremarkable exam of the lumbar spine. The injured worker rates his pain at 4/10 to 6/10 on the pain scale and reported pain radiating bilaterally to his lower extremities. The injured worker also reported pain to knees bilaterally. The injured worker ambulated with a left knee brace but was unable to do work around the house other than dressing himself. An MRI of the left shoulder on 10/15/2012 revealed tenosynovitis and a tear of the supraspinatus. The injured worker is currently using the following medications: omeprazole, hydrocodone, and Docuprene. The injured worker received acupuncture but stated the sessions offered no relief; the injured worker was discontinued from acupuncture sessions. A request for authorization form was signed with no date by the physician listing special service/proc/report and noted the rationale as a surgical consult for a supraspinatus tear/full thickness for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Cream - Duration and Frequency Unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate topicals Page(s): 111-113, 105.

**Decision rationale:** Terocin lotion is comprised of capsaicin, Lidocaine, menthol, and methyl salicylate. The California MTUS guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch(Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has a diagnosis of neuropathy. There is no documentation indicating the injured worker has not responded to or was unable to tolerate other treatments. Additionally, the guidelines do not recommend the use of Lidocaine for topical application in cream or lotion form. As the guidelines do not recommend any compound which contains one or more drug class which is not recommended, Terocin would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed or the site of application in order to determine the necessity of the medication. As such, the request is not medically necessary.

**Medrox Topical - Duration and Frequency Unknown:** Upheld

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

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

**Decision rationale:** Medrox consists of methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. There is no documentation indicating the injured worker has not responded to or was unable to tolerate other treatments. Additionally, the request does not indicate the frequency at which the medication is prescribed or the site of application in order to determine the necessity of the medication. As such, the request is not medically necessary.

