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| <b>Case Number:</b>   | CM14-0037095 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 11/26/2001 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2014 |

### 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 Emergency Medicine 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:

Patient with reported date of injury on 11/26/2001. Mechanism of injury was not provided. Patient has a diagnosis of discogenic "cervical condition"; impingement syndrome of shoulders post R shoulder post decompression surgery and rotator cuff repair(5/2012) and L shoulder post decompression and rotator cuff repair(no date of surgery provided). Medical records reviewed. Last report available until 3/21/14. Pt complains of neck pains. Pain is 10/10. Taking Motrin with no improvement. Notes numbness to L arm and fingers. Notes decrease grip and grasp. Pt also notes R arm numbness waking her up at night. Objective exam reveals neck extension and flexion is limited. Bilateral shoulder range of motion is normal. The exams provided are very limited and incomplete. Pt is reportedly on Lidopro and Terocin patches chronically and it is "effective" in improving pain. No complete medication list was provided. Pt is reportedly receiving acupuncture. No other prior treatment modalities were provided. Reportedly normal MRI of cervical spine that is unremarkable in the past (no dates provided) with only noted disc disease. Full report was not provided for review. EMG/NCV(11/15/13) of bilateral upper extremities was benign except for very mild compression neuropathy at L median nerve at wrist. Independent Medical Review is for Terocin patches #20 and Lidopro ointment #120ml. There was no prior UR report provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #20:** Upheld

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

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

**Decision rationale:** The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, Lidocaine, Methyl Salicylate and Menthol.1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended.2) Lidocaine: Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent and patient has no actual documentation of neuropathy. It is therefore not recommended.3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain. Pt is on it chronically. Not medically recommended.4) Menthol: There is no data on Menthol in the MTUS. Since multiple drugs are not recommended, the combination medication, Terocin is not recommended.

**LidoPro ointment 120 ml 4 oz:** Upheld

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

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

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, Lidocaine, Methyl Salicylate and Menthol. It contains exactly the same active ingredients of Terocin that was already reviewed above as not medically necessary. Similar criteria below apply:1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended.2) Lidocaine: Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent and patient has no actual documentation of neuropathy. It is therefore not recommended.3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain. Pt is on it chronically. Not medically recommended.4) Menthol: There is no data on Menthol in the MTUS. Since multiple drugs are not recommended, the combination medication, Lidopro is not recommended.

