

<b>Case Number:</b>	CM14-0053560		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 43 year old female with date of injury of 12/14/2013. A review of the medical records indicates that the patient is undergoing treatment for chronic pain, adhesive capsulitis, shoulder pain, impingement syndrome and cervical spine injury. Objective findings include arthrogram of right shoulder showing tendinosis of the supraspinatus and infraspinatus; no frank rotator cuff tear. Treatment has included aquatic therapy and Norco, Naproxen, Flexeril. The utilization review dated 4/17/2014 non-certified a Terocin ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido-Capsaicin-Men-Methyl Sal (Terocin) 120ml #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111, Lidoderm patches, page(s) 56-57 Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

**Decision rationale:** The above cited guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is not supported by the treatment guidelines. As such, the request for lido-capsaicin-men-methyl sal (Terocin) 120 ml is not medically necessary.