

<b>Case Number:</b>	CM14-0054081		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Geriatrics and is licensed to practice in New York. 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 46 year old woman with a date of injury of 8/27/11. She was seen by her provider on 4/2/14 to follow up right shoulder and right wrist injuries. She uses a brace for her wrist and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Her physical exam showed tenderness along the right wrist column and the pisohamate articulation. She was also tender in the right shoulder with a positive impingement sign. Her diagnoses included impingement syndrome right shoulder with tendinosis on MRI, carpal tunnel syndrome right, wrist joint inflammation, shoulder impingement, weight gain of 20 lbs and issues with sleep, stress and depression. At issue in this review are the prescriptions for Lidopro Cream and Terocin Patches which appear to be new prescriptions.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

**Decision rationale:** Terocin includes Topical Lidocaine and Menthol. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic shoulder and wrist pain. She has tenderness on exam at the wrist and shoulder and is also receiving oral pain medications. The worker does not have the FDA approved indication and the medical records do not support medical necessity for the prescription of terocin as to what it will add for pain control and it in this injured worker. The request is not medically necessary and appropriate.

**LidoPro cream - 1 bottle:** Upheld

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

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

**Decision rationale:** Lidopro cream is a compounded product consisting of Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. She is also taking several other oral agents to control her pain. The records do not provide clinical evidence to support medical necessity for a non-recommended and compounded cream such as Lidopro. The request is not medically necessary and appropriate.