

<b>Case Number:</b>	CM14-0071400		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/22/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Occupational 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 is a 54 year-old female with date of injury 09/22/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/24/2014, lists subjective complaints as pain in the neck and right shoulder. Objective findings: Examination of the cervical spine and upper right extremity revealed decreased range of motion of the neck in all planes. Shoulder elevation was 105 degrees and abduction was 125 degrees. Deep tendon reflexes of biceps and triceps were 2+ and caused discomfort to percussion. Diagnosis: 1. Discogenic cervical disease 2. Myofascial pain along upper right extremity 3. Brachial plexus irritation. 4. Carpal tunnel syndrome. The medical records supplied for review document that the patient has not been prescribed the following medications before the date of the request for authorization on 03/24/2014. Medications: 1. Naproxen 500mg, #60 SIG: once daily 2. Lido Pro Lotion 4oz SIG: topical 3. Terocin Patches, #20 SIG: one patch every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Although the patient has some degenerative changes in the spine, there is no evidence that the patient has osteoarthritis. Therefore Naproxen is not medically necessary.

**Lido pro lotion 4 oz:** 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): 111-112.

**Decision rationale:** Lidopro lotion is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore Lido Pro is not medically necessary.

**Terocin patches #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA- dermal patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The active ingredients of Terocin patches are menthol 4% and lidocaine 4% and is classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Terocin patches are not medically necessary.