

<b>Case Number:</b>	CM14-0079645		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine & Rehabilitation 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 61-year-old female who reported an injury on 02/18/2009. The mechanism of injury was noted to be repetitive motions associated with usual and customary job duties. Her diagnoses were noted to be status post right cubital tunnel release, carpal tunnel release, and ulnar nerve decompression at the wrist. Her prior treatments were noted to be physical therapy, home exercise, and medications. The injured worker's diagnostics were noted to be x-rays, MRI, and Electromyography (EMG). Prior surgery was noted to be arthroscopy in 1999 and ulnar nerve decompression in 2011. A clinical evaluation on 04/21/2014 noted the injured worker with subjective complaints of hand and shoulder pain, and increased pain throughout the right arm. She reported the average pain without medication as 8/10, with medications she reported the pain 5/10. At the time of evaluation pain was 6/10. She stated that medical cannabis was working to keep her functional, allowing for increased mobility, and tolerance of activities of daily living. In addition the medication helps with home exercises. No side effects were associated with the medication apart from excessive morning sleepiness. The physical evaluation noted vital signs within normal limits and neurologic exam intact. The cervical spine exam revealed tenderness to palpation at C4 through C5. She had normal gait and posture. She had decreased right upper extremity strength. She had decreased right upper extremity sensation. Pulses in the upper and lower extremities were normal. The injured worker's current medications were noted to be Topamax, Dolgic Plus, Norco, Estradiol, and Xanax. The treatment plan was to continue with home exercise program including moist heat, stretches, strengthening, and regular aerobic activities as tolerated. Provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion:** Upheld

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

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

**Decision rationale:** The request for Terocin Lotion is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of 1st line therapy of a tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine, whether creams, lotions or gels are indicated for neuropathic pain. The injured worker noted that the medical cannabis seems to be providing increased function, mobility, and tolerance of activities of daily living and home exercises. The injured worker did not note efficacy with use of topical Terocin Lotion. In addition the Terocin Lotion is not noted with current medications or in the treatment plan. The provider's request for Terocin Lotion fails to provide a dose and frequency. As such, the request for Terocin Lotion is not medically necessary.