

<b>Case Number:</b>	CM14-0080213		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/06/2014
<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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date of 10/18/11. The 04/06/14 progress report by [REDACTED] states that the patient present with bilateral shoulder pain rated 6/10 and right knee pain rated 4/10. This report is brief and handwritten. The patient is to remain off work until 05/16/14. Current medications are reported as Mentherm, Lenza Patch, Cyclobenzaprine, Naproxen, Hydrocodone, Omeprazole, Quazepam, and Tramadol. The patient's diagnoses include: 1. Bilateral shoulder tendinitis 2. Right knee meniscal tear. The utilization review being challenged is dated 05/06/14. Treatment reports from 11/08/13 to 07/03/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches (Menthol 4%/Lidocaine 4%):** Upheld

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

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

**Decision rationale:** The patient presents with bilateral shoulder pain and right knee pain. The treating physician is requesting for Terocin patches Menthol 4%/Lidocaine 4%). Terocin

contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS guidelines p112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). A review of the reports provided shows no discussion of prior first line therapy prior to the request of this topical product. Given the above the request is not medically necessary.

**Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams Page(s): 111.

**Decision rationale:** The patient presents with bilateral shoulder pain and right knee pain. The treating physician requests for Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10% cream. The MTUS has the following regarding topical creams (p111, chronic pain section): "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." MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, this request is not medically necessary.

**Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4% Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Other muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams( Page(s): 111.

**Decision rationale:** The patient presents with bilateral shoulder pain and right knee pain. The treating physician requests for Flurbiprofen 20%/Tramadol 20%, Cyclobenzaprine 4% cream. The MTUS has the following regarding topical creams (p111, chronic pain section): "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." In this case, cyclobenzaprine and tramadol are not supported for topical formulation. Therefore this request is not medically necessary.