

<b>Case Number:</b>	CM14-0087941		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 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 67-year-old female with a date of injury of December 2, 2010. The mechanism of injury was not specified. She was diagnosed with myofascial pain syndrome, repetitive strain injury, left upper extremity and chronic rotator cuff syndrome, left upper extremity. In a progress note dated June 3, 2014 it was indicated that the injured worker complained of continued pain in the left shoulder with numbness of the left hand and medication-related stomach issues. Objective findings in the left shoulder included positive impingement sign and decreased sensation in the left hand. Terocin patch and Methoderm were prescribed. This is a review of the requested Terocin patch #30, Methoderm, and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, specific drug list Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring, Urine Drug Testing (UDT)

**Decision rationale:** Evidenced-based guidelines elaborated indications for urine drug toxicology as (a) recommended at onset of treatment of a new worker who is already receiving a controlled substance or when chronic opioid management is considered, (b) In cases in which the worker asks for a specific drug, (c) If the worker has a positive or "at risk" addiction screen on evaluation and (d) If aberrant behavior or misuse is suspected and/or detected. It should be noted that the March 12, 2014 urine drug screening have negative results, which means that he was not utilizing medications for which the drug screen is intended for. Additionally there is lack of documentation which indicates that opioids are part of this injured worker's prescription medications; hence she is not at risk for developing aberrant behavior or misuse. Therefore, it can be concluded that the medical necessity of the requested urine drug screen is not established.

**Terocin patch #30:** Upheld

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

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

**Decision rationale:** The request for Terocin patch #30 is not considered medically necessary at this time. Terocin patch is a topical analgesic that consists of 4% Lidocaine and 4% Menthol. Medical records indicate that this was prescribed for pain relief. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. More so, the same reference also mentioned that topical Lidocaine is recommended after a trial of first-line therapy. There was no documentation from the medical records that the injured worker failed first-line therapy or failed a trial of antidepressants and anticonvulsants. Therefore, this request is not medically necessary.

**Methoderm 2 bottles:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics Page(s): 105; 111-113.

**Decision rationale:** According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methoderm is composed of methyl salicylate and menthol as part of its active ingredients. Although the methyl salicylate component is supported by evidence guidelines, the Menthol part is not and has been documented to cause serious burns, a new alert from the Food and Drug Administration. Since one of the components of this compounded medication is not recommended nor has no evidence-based research support, specifically Menthol. Therefore the medical necessity of the requested Methoderm is not established.