

<b>Case Number:</b>	CM14-0194133		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/01/1989
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Internal 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:

The injured worker (IW) is a 61-year-old woman with a date of injury of August 1, 1089. The mechanism of injury was not documented in the medical record. Pursuant to the progress reports dated October 21, 2014, the IW complains of total body fibromyalgia. She takes Vicodin 7.5mg, and Soma 350mg, which she has been taking since at least April of 2014 according to documentation. Objective physical findings revealed abduction is no more than 95 degrees on the right with tenderness along the rotator cuff with findings of impingement. Tenderness along the lateral epicondyle is noted bilaterally and medial epicondyle along the right. There is tenderness along the ulnar column on the wrist noted bilaterally. Tinel's is positive bilaterally. She can make a full fist. The IW has been diagnosed with discogenic neck, apparently nerve studies at Kaiser showed radiculopathy, MRI was negative in 2004; discogenic lumbar condition with MRI showing bulge at L5-S1; ulnar impaction syndrome of the wrists bilaterally with some discomfort on the dorsum of the wrists bilaterally; MRI on the right showing volar ganglion in June of 2009; Impingement syndrome of the shoulder on the right with MRI 1999 and 2002 showing partial tear of the rotator cuff and AC joint wear; carpal tunnel syndrome bilaterally; knee sprain on the left treated conservatively. The treating physician is recommending soft wrist braces, physical therapy, neck traction, and nerve studies of the upper extremities. The IW was provided with a prescription for Vicodin 7.5mg, Soma 350mg, Terocin patches #30, and LidoPro cream, two bottles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patch #30 is not medically necessary. Terocin contains methyl salicylate, Capsaisin, Menthol and Lidocaine in patch form. Topical analgesics are largely experimental with few 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. Menthol is not recommended. In this case, the injured worker's working diagnoses are discogenic conditions, discogenic lumbar condition, ulnar impaction syndrome of wrist bilaterally with some discomfort on dorsum of the wrists on both sides, impingement syndrome of the shoulder on the right, carpal tunnel syndrome bilaterally and the sprain on the left treated conservatively. The documentation does not contain evidence of first-line treatment with anti-depressants or anticonvulsants. Additionally, menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Therefore, the Terocin patch is not recommended. Consequently, Terocin patch #30 is not medically necessary.

**2 bottles of LidoPro cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lido Pro cream #2 bottles is not medically necessary. Lido pro contains methyl salicylate, Capsaisin, Menthol and Lidocaine in cream form. Topical analgesics are largely experimental with few 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. Menthol is not recommended. No other commercially approved topical formulation of lidocaine, other than Lidoderm in patch form) whether cream, lotion or gel is indicated for neuropathic pain. Menthol is not recommended. In this case, the injured worker's working diagnoses are discogenic conditions, discogenic lumbar condition, ulnar impaction syndrome of wrist bilaterally with some discomfort on dorsum of the wrists on both sides, impingement syndrome of the shoulder on the right, carpal tunnel syndrome

bilaterally and the sprain on the left treated conservatively. The documentation does not contain evidence of first-line treatment with anti-depressants or anticonvulsants. Additionally, menthol is not recommended. Any compounded product that contains a least one drug (lidocaine cream and menthol) that is not recommended, is not recommended. Therefore, Lido Pro cream #2 bottles is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro cream #2 bottles is not medically necessary.