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| <b>Case Number:</b>   | CM15-0100232 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 02/20/2001 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 04/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 was a 62 year old female, who sustained an industrial injury, February 20, 2001. The injured worker previously received the following treatments bilateral carpal tunnel release surgeries, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and Gabapentin. The injured worker was diagnosed with right carpal tunnel syndrome and right wrist pain. According to progress note of March 27, 2015, the injured workers chief complaint was right wrist and hand with continued numbness and pain. The pain was alleviated by TENS (transcutaneous electrical nerve stimulator) unit use. The physical exam noted tenderness of the right lateral epicondyle and right wrist. There was decreased sensation to the right hand. There was weakness in the right grip was 4 out of 5. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit and a prescription for Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #60; one to two patches Q day: 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 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 #60, 1 to 2 patches per day is not medically necessary.

Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right carpal tunnel syndrome; and wrist pain. The date of injury is February 20, 2001. The request for authorization is dated March 27, 2015. The progress note dated March 27, 2015 states transdermal medications are to be continued. The medications are not specified (by name) in the medical record. There is no clinical indication or rationale for Terocin patch in the medical record. The injured worker was on Medrox prior to the Terocin.

There is no rationale for changing from one topical analgesic to another. The anatomical location for its application is not documented in the medical record. Additionally, there is no documentation indicating objective functional improvement with continued Terocin patch. Consequently, absent clinical documentation with objective functional improvement to support ongoing Terocin, a clinical rationale for changing from one topical analgesic to another with the location for its application, Terocin patch #60, 1 to 2 patches per day is not medically necessary.

**Flurbiprofen 20% ointment 1-2 grams; apply three to four times PRN:** 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 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, Flurbiprofen 20% ointment 1 to 2 g, apply 3 to 4 times as needed, is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right carpal tunnel syndrome; and wrist pain. The date of injury is February 20, 2001. The request for authorization is dated March 27, 2015. The progress note dated March 27, 2015 states transdermal medications are to be continued. The medications are not specified (by name) in the medical record. There is no documentation indicating objective functional improvement to support ongoing Flurbiprofen. Flurbiprofen is not FDA approved for topical use. Any compound product that contains at least one drug

(Topical Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 20% ointment is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20% ointment 1 to 2 g, apply 3 to 4 times as needed, is not medically necessary.