

<b>Case Number:</b>	CM15-0140100		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 28 year old male, who sustained an industrial injury on 3/5/2014. The mechanism of injury was hanging onto a machine to prevent him from falling. The injured worker was diagnosed as having right shoulder impingement or labral tear, possible tear of the supraspinatus and infraspinatus tendons, left shoulder supraspinatus and infraspinatus tendinosis with subacromial bursitis and right elbow epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included occupational, shockwave therapy, and medication management. In a progress note dated 5/22/2015, the injured worker complains of bilateral shoulder pain with right greater than the left and right elbow pain. Physical examination showed bilateral shoulder tenderness with right greater than left and normal muscle strength and right elbow tenderness. The treating physician is requesting Terocin patches #60 one patch daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #60 (Lidocaine 4%-Menthol 4%) use 1 patch daily as directed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm patches Page(s): 111-113, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Topical analgesics, Compound creams.

**Decision rationale:** The patch in question appears to contain lidocaine and menthol. According to MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics, and there is little evidence to utilize these medications for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued only if significant improvement is noted. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy. This medication is not a first-line treatment for chronic pain and is only FDA approved for post-herpetic neuralgia. ODG states that evidence of localized pain should be consistent with a neuropathic etiology and evidence of a trial of first-line neuropathy medications (anti-depressants or anti-epilepsy drug) should be included. The medical is not recommended for treatment of osteoarthritis or myofascial pain/trigger points, an area for treatment should be designated as well, and outcomes should be reported. ODG only recommends menthol use only in the context of cryotherapy for acute pain. It also states that Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Medical documentation states that the patient continues to have pain, although clear documentation of the history and potential improvement is not present. There is no documentation of exhaustion of all primary and secondary treatment options. There is no objective evidence of neuropathic or osteoarthritic pain. The medical documentation does not provide any extenuating circumstances to justify adding this medication to the regimen, and the patient is on multiple other topical medications. The requested medication contains two topical compounds that do not appear to have an indication in this patient based on the documentation provided, and meet numerous conditions for non- recommendation. Therefore, the request for Terocin patches #60, Lidocaine 4%-Menthol 4% is not medically necessary.