

<b>Case Number:</b>	CM15-0141083		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/31/2010
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/09/2015
<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: California

Certification(s)/Specialty: Emergency 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 49 year old female who sustained an industrial/work injury on 5-31-10. She reported an initial complaint of neck and upper extremity pain. The injured worker was diagnosed as having psychalgia, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and fibromyositis. Treatment to date includes medication and strength training. Currently, the injured worker complained of chronic neck and left upper extremity pain described as stabbing and nausea with head movement. Per the primary physician's report (PR-2) on 6/29/15, exam noted no acute distress, normal mood and affect, normal gait, a forward flexed posture. Current plan of care included continue exercises and pain management. The requested treatments include Terocin (Lidocaine Menthol) 4% patch and Ibuprofen 200mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin (Lidocaine Menthol) 4% patch #60 with 3 refills: 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 requested Terocin (Lidocaine Menthol) 4% patch #60 with 3 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants". The injured worker has chronic neck and left upper extremity pain described as stabbing and nausea with head movement. Per the primary physician's report (PR-2) on 6/29/15, exam noted no acute distress, normal mood and affect, normal gait, a forward flexed posture. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin (Lidocaine Menthol) 4% patch #60 with 3 refills is not medically necessary.

**Ibuprofen 200mg #180 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Ibuprofen 200mg #180 with 2 refills, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has chronic neck and left upper extremity pain described as stabbing and nausea with head movement. Per the primary physician's report (PR-2) on 6/29/15, exam noted no acute distress, normal mood and affect, normal gait, a forward flexed posture. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 200mg #180 with 2 refills is not medically necessary.