

<b>Case Number:</b>	CM15-0161294		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	12/20/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 25-year-old female, who sustained an industrial injury on December 20, 2014. She reported her left middle finger was cut. The injured worker was diagnosed as having lumbar spine sprain and strain with radicular complaints and status post left middle finger laceration; rule out partial extensor tendon laceration. The medical records refer to x-rays being performed on the date of injury, but the results were not included in the provided medical records. Treatment to date has included sutures, wound dressing, splinting, wrist and back braces and medications including analgesic, topical analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: October 20, 2013. There were no noted co-morbidities. On 4/1/2015, there was no objective finding of sensory or motor deficit of the neck, low back upper and lower extremities. On June 25, 2015, the injured worker reported intermittent, moderate low back pain and Intermittent, slight left middle finger laceration. The physical exam revealed a healed 1.5 cm oblique laceration proximal to nail bed with local tenderness to palpation, pain and weakness with resisted extension of the distal interphalangeal joint, and restricted range of motion of the distal interphalangeal, proximal interphalangeal, and metacarpophalangeal joints of the left long finger. There was week left hand grip strength with pain. There was tenderness to palpation of the paralumbar tenderness at the midline thoraco-lumbar junction and over the L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) facets, greater on the right than the left. There were muscle spasms, weak extensors, restricted range of motion due to pain, tight hamstrings, a positive left Lasegue's sign, and an equivocal Braggard's sign. The treating physician noted she uses a lumbar

corset brace. She was to continue to work with the restrictions of no repetitive bending or stooping. The medications listed are Naproxen, Norflex, omeprazole and Loratadine. The requested treatments included Terocin patch and Flurbi/Cyclo/Gaba 15%, 4%, 10%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin patch #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 Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Medications.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with orally administered first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line orally administered anticonvulsant and antidepressant medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical menthol or methyl salicylate for the treatment of chronic musculoskeletal pain. The Terocin preparation contains menthol 10%/lidocaine 2.5%/capsaicin 0.025%/methyl salicylate 25%. The criteria for the use of Terocin patch #30 are not medically necessary.

**Flurbi/Cyclo/Gaba 15%, 4%, 10% 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Medications for chronic pain, Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Medications.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with orally administered first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line orally administered anticonvulsant and antidepressant medications. The guidelines recommend that topical

medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical cyclobenzaprine or gabapentin for the treatment of chronic musculoskeletal pain. The patient was utilizing oral formulations of muscle relaxant and NSAIDs concurrently. The criteria for the use of Flurbiprofen 15%/Cyclobenzaprine 4%/Gabapentin 10% 180grams are not medically necessary.