

<b>Case Number:</b>	CM15-0200664		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old female, who sustained an industrial injury on 2-8-13. The injured worker was diagnosed as having displacement of lumbar-intervertebral disc without myelopathy; neck pain; cervical radiculitis; disorder of rotator cuff. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left shoulder (11-14-13); MRI cervical spine (12-16-13). A PR-2 noted dated 8-5-15 indicates the injured worker has a cortisone injection to the left shoulder. A request for a MRI scan of the lumbar spine, pelvis and both hips was denied. A request for physical therapy will begin the next week. The provider documents "Had surgery with left breast CA and went through radiation and chemo therapy. Methoderm is helpful for pain symptoms. We are awaiting orthopedic consult authorization. Her pain is otherwise unchanged. Currently complains of pain in neck, lower back and left shoulder, left arm, left elbow, left wrist, left hand, left knee and both knees. She also has soreness in the left shoulder and left arm. The pain is associated with weakness in the left arm, left hand and left leg. The pain is constant in frequency and severe in intensity. She rates the severity of her pain as 9. Her average level of pain in the last seven days is 10. She describes the pain as throbbing, dull and aching with muscle pain. The pain is relieved with rest." The provider's treatment plan includes medications: for Methoderm 15% 120g and Terocin patches. Currently, the PR-2 notes dated 9-16-15 indicated the injured worker presented to the office a follow-up visit. Notes she has a cortisone injection to the left shoulder 8-4-15 and started her first visit for physical therapy and the injured worker reports "feels it helped a lot". The provider reviews her past left breast surgery with radiation and chemo following. It is same to similar

complaint with symptoms and pain score. Provider documents "she rates the severity of the pain as 9. Her average level of pain in the last seven days is 10. She describes the pain as throbbing, dull and aching with muscle pain. The pain is relieved with rest. On physical examination, the provider documents "Examination of the cervical spine reveals range of motion is full in all planes of the cervical spine. There is tenderness to palpation over the left superior trapezius. There is no spinous process tenderness or masses palpable along the cervical spine. There is negative Spurling's maneuver bilaterally. Examination of the left shoulder reveals range of motion to forward flexion is 90 degrees, abduction is 90 degrees, external rotation 30 degrees, internal rotation is 40 degrees and extension 15 degrees. There is positive Hawkin's test and negative Yergason's test. Sensory grossly intact to light touch and pinprick throughout the upper extremities. Deep tendon reflexes are symmetric at 1+ out of 4 in the bilateral upper extremities. There is no change since last exam and documentation is same to similar. The provider's treatment plan includes medications: for Methoderm 15% 120g and Terocin patches. A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 10-6-15 and non-certification for Methoderm 15% 120g #1.00 and Box of Terocin patches. A request for authorization has been received for Methoderm 15% 120g #1.00 and Box of Terocin patches (2 boxes) per 9-16-15 order.

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

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

#### **Methoderm 15% 120 g QTY 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG Workers? Compensation Drug Formulary.

**Decision rationale:** The claimant sustained a work injury in February 2013 when she fell between the catwalk and a light rail vehicle. She sustained an injury to the left arm. She was found to have a worsening rotator cuff tear. She is also being treated for left breast cancer and, when seen, had undergone surgery, radiation, and chemotherapy treatments. She had a cortisone injection for her left shoulder which was done the month before. Physical therapy had been approved and one treatment was attended which had helped. She had complaints of neck, low back, bilateral knee, and left upper extremity pain. Pain was rated at 9/10. Physical examination findings included left upper trapezius tenderness. There was decreased left shoulder range of motion with positive impingement testing. There was a normal neurological examination. Methoderm was helping and was continued. Terocin patches were prescribed. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. The

claimant has localized peripheral pain affecting the left shoulder that appears to be amenable to topical treatment. Over the counter salicylate topical medications are a first-line treatment. Generic medication is available and substitution would be expected. The request is medically necessary.

**Box of Terocin patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in February 2013 when she fell between the catwalk and a light rail vehicle. She sustained an injury to the left arm. She was found to have a worsening rotator cuff tear. She is also being treated for left breast cancer and, when seen, had undergone surgery, radiation, and chemotherapy treatments. She had a cortisone injection for her left shoulder which was done the month before. Physical therapy had been approved and one treatment was attended which had helped. She had complaints of neck, low back, bilateral knee, and left upper extremity pain. Pain was rated at 9/10. Physical examination findings included left upper trapezius tenderness. There was decreased left shoulder range of motion with positive impingement testing. There was a normal neurological examination. Methoderm was helping and was continued. Terocin patches were prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Methoderm was prescribed which also contains methyl salicylate which is duplicative. This medication is not medically necessary.