

<b>Case Number:</b>	CM15-0207323		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on 10-05-2012. A review of the medical records indicates that the worker is undergoing treatment for pain in joint of shoulder, upper arm and hand, brachial neuritis or radiculitis, rotator cuff syndrome of the shoulder, lateral epicondylitis and myalgia and myositis. Treatment has included pain medication, 16 sessions of acupuncture, 12 sessions of physical therapy for the upper extremities, surgery, 2 Cortisone injections of the left wrist, Cortisone injection in the bilateral shoulders and steroid injections. The only medical documentation submitted that is dated prior to the utilization review is a new patient consultation report dated 09-09-2015. Subjective complaints during this visit included bilateral shoulder, elbow, wrist and hand pain that was rated as 7 out of 10 and was noted as being moderate to severe and constant. Objective findings revealed positive shoulder crossover test bilaterally, tenderness to palpation of the acromioclavicular joint, glenohumeral joint, greater tubercle of humerus and subdeltoid bursa, decreased motor strength of the deltoids, biceps, triceps and grip and patchy sensation to light touch and pin prick. The current medications were noted to be Effexor and Ibuprofen and were documented to be helping. There was no documentation of intolerance to oral pain medication. The physician noted that prescriptions for Terocin and LidoPro were written with no rationale given as to why these topical medications were prescribed. A utilization review dated 09-21-2015 non-certified requests for retrospective (dos 9-9-2015) 1 tube of LidoPro 4% ointment and retrospective (dos 9-9-2015) Terocin patches 4-4%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective (dos 9/9/15) 1 Tube of LidoPro 4% ointment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAIDs. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The claimant was on an oral NSAID for months. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. Other topical NSAIDs were provided simultaneously. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.

### **Retrospective (dos 9/9/15) Terocin patches 4-4%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Methyl Salicylate is a topical NSAID. The claimant was on an oral NSAID for months. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. Other topical NSAIDs were provided simultaneously. In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Further, Methyl Salicylate is a topical NSAID and may be used for arthritis but the claimant does

not have this diagnosis. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.