

<b>Case Number:</b>	CM15-0024711		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female with an industrial injury dated March 14, 2012. The injured worker diagnoses include cervical spine radiculopathy, depression, status post right shoulder surgery with residual pain and trigger finger of left hand. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/12/2015, the injured worker reported neck pain radiating to the right shoulder. Objective findings revealed decrease range of motion in the right shoulder and cervical spine. The treating physician's treatment plan consists of prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch:** 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 analgesic Page(s): 111-113.

**Decision rationale:** This patient has a date of injury of 03/14/2012 and presents with complaints of bilateral hand pain. The patient has a diagnoses of left cubital tunnel release, status post bilateral CTR, status post right cubital tunnel release. The medical reports are handwritten and grossly illegible. This request is for Terocin patch. The medical file provided for review does not include a Request for Authorization form. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines page 111 through 113 under topical analgesic state, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." The MTUS Guidelines supports the use of topical for osteoarthritis and tendinitis, in particular of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient suffers from hand, elbow, and shoulder pain; however, the treating physician does not discuss where these patches are to be applied. In addition, the patient has been prescribed Terocin patch since 05/19/2014 with no discussion regarding pain relief or functional changes. The MTUS Guidelines page 60 states that a record of pain and function with medication should be recorded when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request is not medically necessary.

**Neurontin 60mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** This patient has a date of injury of 03/14/2012 and continues to complain of bilateral hand pain. The patient has a diagnoses of left cubital tunnel release, status post bilateral CTR, and status post right cubital tunnel release. The current request is for Neurontin 60 mg #90. The MTUS Guidelines has the following regarding Neurontin on page 18 and 19, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment of neuropathic pain." This is an initial request for medication. The patient presents with neck pain with radiation of pain to the bilateral shoulder. The patient also suffers from carpal tunnel and cubital tunnel syndrome. The utilization review denied the request stating that, "There is no documentation of significant pain reduction with Neurontin use." The medical file provided for review includes progress reports from 03/10/2014 through 01/12/2015. The only report that discusses this medication is report dated 01/12/2015, which requests Neurontin. There is no documentation that the patient has used this medication in the past. Given the patient's radicular symptoms, a trial of Neurontin 60 mg #90 is in accordance with MTUS Guidelines. The request is medically necessary.