

<b>Case Number:</b>	CM15-0026988		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Internal 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 (IW) is a 65 year old Male who sustained an industrial injury on 04/30/2012. He has reported right shoulder pain and neck pain ranging from 2-6/10 in intensity. Diagnoses include history of rotator cuff tear on the right, right shoulder impingement syndrome; history of partial biceps tear on the right (clinically may be a complete rupture of biceps), right moderate acromioclavicular joint arthritis, status post right shoulder surgery. Treatments to date include a right shoulder surgery in 2012. He currently uses H-wave and oral pain medications. A progress note from the treating provider dated 12/23/2014 indicates there is tenderness to palpation over the acromioclavicular joint. There is motor weakness rated 4/5 on the right. There is decreased range of motion. He has used Celebrex, Terocin Lotion, and Genicin to control his pain symptoms. On 02/06/2015 Utilization Review non-certified a request for Genicin 500mg #90 and non-certified a request for Terocin Lotion x1. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion x1:** 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 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Capsaicin, topical Page 28-29. Decision based on Non-MTUS Citation Terocin <http://www.drugs.com/pro/terocin.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Terocin is a topical analgesic, containing methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Medical records indicate the long-term use of NSAIDs. The patient has been prescribed Celebrex. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Methyl salicylate is a NSAID. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported. The patient has been prescribed Celebrex. There is no documentation that the patient has not responded or is intolerant to other treatments. Per MTUS, this is a requirement for the use of topical Capsaicin. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Terocin is not supported by MTUS guidelines. Therefore, the request for Terocin is not medically necessary.

**Genicin 500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page 50. Decision based on Non-MTUS Citation Official Disability (ODG) Shoulder (Acute & Chronic) Glucosamine.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that Glucosamine and Chondroitin Sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Official Disability (ODG) Shoulder (Acute & Chronic) indicates that Glucosamine is not recommended for shoulder disorders as there is no evidence to support it. Medical records document a history of shoulder conditions. Genicin (Glucosamine) was requested. Per ODG, Glucosamine is not recommended for shoulder disorders. Therefore, the request for Genicin (Glucosamine) is not supported by ODG guidelines. Therefore, the request for Genicin is not medically necessary.