

<b>Case Number:</b>	CM15-0039386		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, North Carolina  
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 49 year old male, who sustained an industrial injury on 9/10/2012. The mechanism of injury was a shoulder injury while dragging soft drink cases with a hook. Diagnoses include acromio-clavicular sprain, rotator cuff sprain, shoulder tendinitis, rotator cuff tendinosis and chronic pain syndrome. Treatments to date include right shoulder impingement surgery (2013), acupuncture, physical therapy and medication management. A progress note from the treating provider dated 1/27/2015 indicates the injured worker reported right shoulder pain that is improved with pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch 4.4% #30:** 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, lidocaine Page(s): 111-1112.

**Decision rationale:** Terocin contains lidocaine, menthol, capsaicin and methylate. Any compounded product that contains at least one drug that is not recommended is not recommended. Topical lidocaine is indicated for neuropathic pain. It is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Use of topical lidocaine is potentially hazardous, as warned by the FDA in 2007. This patient's documentation does not support well-demarcated neuropathic pain that has failed the gamut of antidepressants or antiepileptics. This medication is deemed not medically necessary or appropriate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical menthol and methyl salicylate are not recommended.

**Fenoprofen 400mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

**Decision rationale:** Fenoprofen is a nonselective NSAID indicated for mild to moderate pain. Improvement may take as long as 2-3 weeks. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. NSAIDs have more adverse effects than placebo or acetaminophen. CA MTUS recommends that NSAIDs be used at the lowest dosage for the shortest period of time in patients with moderate to severe pain. Long-term NSAIDs are not recommended. This patient has chronic back pain secondary to an injury in 2012. The medical records do not clearly indicate when the NSAIDs were started or their efficacy as evidenced by functional improvement or decreased pain. Chronic NSAIDs are not deemed to be medically necessary in this patient.

**Topiramate 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 21.

**Decision rationale:** Topiramate is an AED recommended for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There should be documentation of pain relief and functional improvement for continuation of this medication. Topiramate has been shown to have variable efficacy. In this patient, improvement of pain relief and functional improvement are not clearly documented, therefore this medication is found to be not medically necessary.

