

<b>Case Number:</b>	CM15-0048300		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 59-year-old female, with a reported date of injury of 09/17/2002. The diagnoses include cervical intervertebral disc displacement and cervical radiculopathy. Treatments to date have included oral pain medication, topical pain medication, and a transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of increased left neck and interscapular pain with numbness that radiated to her skull. The medical report dated 02/24/2015 indicates that the injured worker denied radiating arm pain. It was noted that she had excellent pain relief using the Terocin lotion. There were tender trigger points along the cervical paraspinal and trapezius muscle. The physical examination showed left posterior shoulder pain with cervical flexion, left neck pain with extension, and a normal upper extremity neurological exam. The treating physician requested Terocin lotion and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is a 59 year-old female who sustained a work-related injury more than 10 years ago. Medications include Advil 200 mg taken up to three times per day. She continues to be treated for chronic neck pain. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. 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. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Advil without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

**Protonix 20 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant is a 59 year-old female who sustained a work-related injury more than 10 years ago. Medications include Advil 200 mg taken up to three times per day. She continues to be treated for chronic neck pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal anti-inflammatory medication currently prescriptions at a sub therapeutic dose. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Protonix be prescribed. The request is not medically necessary.