

<b>Case Number:</b>	CM15-0235589		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	09/23/2000
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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: Pennsylvania, Ohio, 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 45 year old male who sustained an industrial injury on 09-23-2000. Medical records indicated the worker was treated for a shoulder and back injury. He has history of both shoulder and back surgery (2-2014) with a postoperative MRI that showed neuroforaminal narrowing at L5-S1. In the provider notes of 09-18-2015, the worker is seen for follow-up of a psychophysiologic disorder, chronic pain syndrome, and rotator cuff tear arthroplasty. His medications include Ativan, Buprenorphine sublingual, and duloxetine delayed release (since 05-29-2015). In the notes of 10-16-2015, the worker is actively participating in a functional rehabilitation program. His medication list includes Gabapentin, trazodone, and tramadol, and the worker is progressing in becoming less dependent on medications and learning non-pharmacologic tools for coping with pain. A request for authorization was submitted for Duloxetine 30mg #30 with 3 refills and Terocin with Lidocaine lotion 120mL with 3 refills for bilateral feet for neuropathic pain. A utilization review decision 11-05-2015 denied the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 30mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** MTUS recommends Cymbalta for multiple forms of neuropathic and non-neuropathic pain applicable in this case, particularly in patients with comorbid depression. While this medication thus may be helpful, the records in this case do not provide significant discussion regarding the efficacy of this medication for this patient. Moreover 3 refills would not be indicated due to the need to monitor the efficacy and any side effects of this medication. Therefore this request is not medically necessary.

**Terocin with Lidocaine lotion 120mL with 3 refills for bilateral feet for neuropathic pain:**  
Upheld

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. While topical lidocaine may be helpful to treat peripheral neuropathic pain, it is unclear why the additional ingredients in Terocin are also necessary. Thus overall this request is not medically necessary.