

<b>Case Number:</b>	CM14-0000071		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/10/2005
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year old female who reported an injury on 11/10/2005 secondary to repetitive motions. The clinical note dated 10/25/2013 reported the injured worker complained of neck pain radiating to her right arm with the pain rated at a 7/10. She also reportedly complained of headaches and left hand pain and she was not trying any other therapies for pain relief. She reported taking her medications as prescribed and getting continued functional benefits with her pain medications. The injured worker's medications included Celebrex, Medrox ointment, Lidoderm patches, Terocin lotion, and Thermacare heat wrap. The physical examination reported right shoulder movements are restricted with flexion, extension, abduction, passive elevation and active elevation. The physical examination of the injured worker's hands reported painful range of motion with flexion and extension. The physician reported the injured worker was stable on the current medication regimen and has not changed essential regimen in greater than six months. The diagnosis included chronic pain syndrome and reflex sympathetic dystrophy with the treatment including Medrox refill, Terocin patches and home exercise program. The request for authorization was provided on 12/10/2013. A clear rationale for request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF MEDROX OINTMENT AT .0375-20-5% WITH 3 REFILLS:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The request for one prescription of Medrox ointment at .0375-20-5% with 3 refills is non-certified. The injured worker has a history of neck pain radiating to her right arm. The CA MTUS Guidelines recommend a compounded cream, containing Capsaicin, only as an option in patients who have not responded or are intolerant to other treatments. Provided that Medrox ointment contains the ingredient of Capsaicin and the provider did not state the injured worker was intolerant or had not responded to other treatment, the request is not supported. In addition, guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The current medication is for a 0.0375% of Capsaicin. Therefore, the request for one prescription of Medrox ointment at .0375-20-5% with 3 refills is not medically necessary and appropriate.

**ONE PRESCRIPTION OF TEROCIN PATCHES #30 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

**Decision rationale:** The request for one prescription of Terocin patches #30 with 3 refills is non-certified. The injured worker has a history of neck pain radiating to her right arm. The CA MTUS Guidelines state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated by the FDA for neuropathic pain. The guidelines also state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. As such, based on the recommendation guidelines for this medication and the ingredients of the Terocin patch containing Menthol and Lidocaine, the request for one prescription of Terocin patches #30 with 3 refills is not medically necessary and appropriate.