

<b>Case Number:</b>	CM14-0125222		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54-year-old male who reported date of injury on 04/09/2014. The injury reportedly occurred during a motor vehicle accident when a fire truck hit another fire truck. His diagnoses were noted to include contusion, sprain/strain to multiple sites. His previous treatment was noted to include physical therapy, psychologist treatment and medications. The neurology progress note dated 06/09/2014 revealed complaints of headaches as well as back and left chest pain. The neurological examination revealed a limping gait and motor strength rated 5/5. The sensory examination revealed normal pinprick sensation and deep tendon reflexes were 3+ to the patella and 1+ to the ankle. The progress note dated 07/08/2104 revealed complaints of right neck pain, left elbow pain that made a popping sound when extended and flexed, and the right ulnar aspect of the hand continued to be tenderness to touch. The injured worker complained of persistent headaches with blurry vision to the left eye, low back pain that alternated from the right side to the left side, posterior lateral right leg pain to the cast and bilateral knee pain. The injured worker indicated that the Terocin lotion had been very helpful and used it primarily on his neck 2 to 3 times per day as well as ice and heat. The physical examination revealed decreased range of motion to the cervical spine with the left elbow extension that caused posterior elbow pain. The Tinel's sign over the ulnar nerve was negative. The lumbar spine range of motion was diminished and there was a positive straight leg raise. The deep tendon reflexes were equal and symmetric. The Request for Authorization form dated 07/14/2014 was for neurology consult and treatment for persistent headaches and Terocin lotion for neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consult & Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163

**Decision rationale:** The request for Neurology Consult & Treatment is not medically necessary. The injured worker had a neurology consult performed 06/2014. The California MTUS/ACOEM Guidelines state a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return for work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. The neurologist requested and MRI to look for structural abnormalities; however, there is a lack of documentation regarding this being performed. There is a lack of documentation regarding the medical necessity of a neurological consult or to switch providers. Therefore, the request is not medically necessary.

**Topical Terocin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105,.

**Decision rationale:** The request for Topical Terocin is not medically necessary. Terocin consists of 20% Methyl Salicylate, 10% Menthol, 0.025% Capsaicin and 2.5% Lidocaine. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains one drug that is not recommended is not recommended. The guidelines state capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or anti-epilepsy drug such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, or lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and Lidocaine is not recommended in any formulation other than a Lidoderm patch. The guidelines do not recommend Capsaicin except in patients that have

not responded or are intolerant to other treatments. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.