

<b>Case Number:</b>	CM14-0127165		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 46-year-old female who reported an injury on 12/11/2012 due to cumulative trauma. Diagnoses were moderately severe right scapula trigger point tendinitis, impingement syndrome right shoulder with questionable longitudinal tear long head biceps tendon and bicipital tendinitis, minimal dorsal wrist synovitis/tendinitis, minimal cervical radiculitis with objective findings of weakness of the supraspinatus and biceps muscle on the right side, and chronic cervical degenerative disc disease. Past treatments were 28 physical therapy sessions, medications, and 2 cortisone injections to the right shoulder. Physical examination on 07/14/2014 revealed complaints of upper back pain increasing. There were also complaints of right shoulder pain. An MRI scan of the right shoulder revealed a split in the biceps tendon along the AC joint, arthritis, and a partial rotator cuff tear. Medications were Flexeril and tramadol. The examination of the right shoulder revealed abduction against resistance demonstrated no weakness and produced slight pain in the left and right side. Circumduction caused slight pain and crepitation and there was a slight moderate positive Neer's impingement sign on the right side. There was tenderness in the scapula trigger point on the right side. The treatment plan was to add on Prilosec, Daypro, and a compounded topical analgesic cream. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Teroc MG apply for 10hrs a day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Topical Capsaicin, Lidocaine, Page(s): 105,111, 28, 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is only 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 antidepressant or an AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) is indicated for neuropathic pain. The Guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The medical guidelines do not support the use of compounded topical analgesics. The efficacy of this medication was not reported. There were no other significant factors provided to justify the use outside of current guidelines. therefore, this request is not medically necessary.