

<b>Case Number:</b>	CM14-0139458		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 56 year old male who was injured on 06/24/13 while moving a refrigerator from a truck with 2 co-workers. He described the refrigerator to be attached to a dolly and in the process of moving it from a stuck position the refrigerator became loose from the dolly and fell towards him hitting his left upper arm and he then fell to the ground. Previous treatments include pain medications, injections and a series of physical therapy. The injured worker underwent arthroscopic decompression extensive debridement with acromioclavicular arthroplasty and debridement of superior labrum on 11/18/13. MR arthrogram dated 02/25/14 revealed mild rotator cuff tendinosis with no tear; mild atrophy of the teres minor muscle; mild to moderate glenohumeral joint arthrosis with full thickness chondral defect in the anterior inferior glenoid with mild subchondral cystic changes and chronic tears adjacent to the anterior inferior labrum. MRI of the left elbow showed full thickness tear of the biceps tendons from insertion at the radial tuberosity. Current diagnoses include left shoulder impingement, rotator cuff strain, and bicipital tendonitis with tear of the biceps tendon insertion site at the elbow. Clinical note dated 06/26/14 indicated the injured worker complains of left shoulder pain with pain level rated as 4/10 daily. He uses LidoPro lotion and Terocin patches to manage his pain which have been helpful. The injured worker also indicated numbness and tingling, as well as weakness in the left arm. He also reported weaker gripping and grasping on the left, and is able to lift only less than 15 pounds. He also reported walking up at night due to pain. Physical examination revealed left upper extremity abducts to 130 degrees and right upper extremity abducts to 150 degrees. Clinical documentation indicated he completed 12 sessions of physical therapy, and continues to do home exercises. Clinical note dated 07/24/14 indicated the injured worker complains of left shoulder pain daily, with pain rated as 4/10. He also reported spasms, and frequent numbness and tingling in the left upper extremity. The previous requests for

Terocin patches #20, Flexeril 7.5mg #60 and Lidopro lotion, 4 ounces were non-certified on 08/18/14

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin patches #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113, 105.

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Terocin is a compounded medication containing capsaicin, lidocaine, menthol, and methyl salicylate which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, Terocin patches cannot be recommended as medically necessary as it does not meet established medical guidelines.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 7.5mg # 60 cannot be established at this time.

**Lidopro lotion 4 ounces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113, 105.

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound, Lidopro cream, contains capsaicin, lidocaine, menthol, and methyl salicylate. In addition, the clinical documentation shows the injured worker utilizes 2 topical medications with the same component. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medications without benefit. As such, the request for this compound, LidoPro lotion 4 ounces, cannot be recommended as medically necessary.