

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0144061 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 11/10/2011 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 08/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/05/2014 |

### 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 Interventional Spine 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 patient is a 39-year-old male with an injury date of 11/10/2011. According to the 06/07/2012 progress report, the patient complains of having right middle finger proximal interphalangeal pain and swelling due to status post skin repair at the supradial area. An examination shows decreased range of motion on flexion and extension. No other positive exam findings were provided. The patient is diagnosed with right middle finger PIP pain and swelling with extensor tendon laceration. The utilization review determination being challenged is dated 08/14/2014. There was 1 treatment report provided from 06/07/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Lotion, DOS: 12/20/2012-1/19/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** According to the 06/07/2012 progress report, the patient complains of having right middle finger PIP pain as well as swelling status post skin repair at the supradial

area. Terocin contains methyl salicylate, capsaicin, Lidocaine, and menthol. The MTUS Guidelines page 112 on topical Lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica)." Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Regarding salicylate, a topical NSAID, the MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems toward a compound product with salicylate. Furthermore, the MTUS Guidelines do not allow any formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither Lidocaine nor salicylate is indicated for this patient. Therefore, therefore the request is not medically necessary.