

<b>Case Number:</b>	CM14-0157131		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	03/30/1995
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Alabama. 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 63 year old female who was injured on 03/30/1995. The mechanism of injury is unknown. Progress report dated 08/15/2014 documented the patient to have complaints of continued pain in the bilateral hands with numbness. She reportedly was utilizing Terocin patches which provided her with relief. She also reported pain in the cervical spine and pain in the buttock. On exam, she had positive Tinel's test. There was decreased range of motion of the neck and back by 10% in all planes. She was prescribed Terocin patches #10 and Methoderm gel to help with the numbness. Prior utilization review dated 08/15/2014 states the request for Terocin Patches #10 is not certified as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #10:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/terocin.html>

**Decision rationale:** The above California Medical Treatment Utilization Schedule (MTUS) guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." In this case, note from 8/15/14 states that the patient has "continued pain in the (b) hands => some numbness of the hands" which indicates neuropathic pain. The note from 5/19/14 and 8/15/14 also demonstrates that the patient has already tried Neurontin, an AED. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

**Menthoderm Gel #2:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Menthoderm>

**Decision rationale:** The above California Medical Treatment Utilization Schedule (MTUS) guidelines regarding topical salicylate states "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." Guidelines regarding topical analgesics also state "The above MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." In this case, the menthoderm gel is a methyl salicylate and recommended as above for chronic pain. The note from 5/19/14 and 8/15/14 also demonstrates that the patient has already tried Neurontin, an AED. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.