

<b>Case Number:</b>	CM14-0099814		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine, 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:

This is a 56-year-old female with a 5/31/13 date of injury. The mechanism of injury was cumulative trauma during her course of employment as a bank teller. According to a progress note dated 1/22/14, the patient complained of constant aching in the neck, right shoulder, right wrist/hand, and upper back. She stated that she had episodes of numbness and tingling in her right arm and hand, right shoulder/arm, and right hand and fingers. Pain medications provided her temporary pain relief. Objective findings: spasm and tenderness over the paravertebral musculature, ROM of cervical spine with discomfort and spasm, tenderness noted around right shoulder, impingement positive on the right, Phalen test positive on right wrist. Diagnostic impression: cervical sprain/strain rule out radiculopathy, right shoulder tendinitis/bursitis, right wrist tendinitis/bursitis, right hand sprain/strain, upper back sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/21/14 denied the request for prescription drug, generic. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Patches (DOS 2/19/2014-3/20/204):** 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 Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be 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). There is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for Retrospective Terocin Patches (DOS 2/19/2014-3/20/204) was not medically necessary.

**Retrospective Compound Medication (containing: Ketoprofen, Gabapentin and Lidocaine, DOS 2/19/2014-3/21/2014):** 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 Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Ketoprofen, Lidocaine, or Gabapentin in a topical formulation. A specific rationale identifying why this topical medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective Compound Medication (containing: Ketoprofen, Gabapentin and Lidocaine, DOS 2/19/2014-3/21/2014) was not medically necessary.