

<b>Case Number:</b>	CM14-0217236		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female, who sustained an industrial injury on 10/23/2012. The injured worker has complaints of bilateral hand/wrist pain associated with frequent numbness and tingling that increases with activity. She has tenderness over both carpal tunnels as well as the left basal joint; minimal tenderness noted over the flexor sheath of the thumbs; tenie and phalen signs are positive bilaterally; axial grind test was positive on the left side with associated basal joint swelling and attenuated sensation was noted to light touch in the median innervated digits with static 2 point discrimination in both thumbs present at approximately 10mm. Magnetic Resonance Imaging (MRI) of the left hand 1/28/13 impression noted distention of the tendon sheath of the flexor pollicus longus; correlate with suspicion for tenosynovitis; soft tissue swelling associated with the 1st digit of the subcutaneous fat; correlate with suspicion for localized soft tissue contusion or an inflammatory process or cellulitis. Electromyogram/NCV of the upper extremities 12/18/12 impression noted an abnormal NCV study of the upper extremity; electrophysiological evidence did show evidence of a minimal to a mild primary sensory demyelinating neuropathy of a bilateral carpal tunnel syndrome. The diagnoses have included cervical straining/sprain; cervical disc disease/desiccation with 1-2 MM disc bulges; cervical spondylosis and carpal tunnel syndrome. According to the utilization review performed on 12/10/2014, the requested Fluri (NAP) cream-LA 180 gm for pain with 2 refills and Terocin patches #30 has been non-certified. The documentation noted in the utilization review that a peer discussion was able to be done with the doctor and that there were no guidelines to support the topical agents. MTUS states that the use of topical medications in the treatment of chronic

pain was "largely experimental" and CA MTUS Chronic Pain Medical Treatment Guidelines, effective 7/18/2009 pages 111-113 regarding Topicals indicates that any compounded topical medications that contain an agent not recommended is not indicated.

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

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

**Fluri (NAP) cream-LA 180 gm for pain with 2 refills:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** The 12/10/14 Utilization Review letter states the Flurbi (NAP cream)-LA requested on the 10/23/14 medical report was denied because the topical medication contains Lidocaine 5% and use of Lidocaine is not supported as a gel. The 10/23/14 medical report was not provided for this review. The 9/10/14 medical report states the patient is a 61 year-old female with bilateral upper extremity pain. She was diagnosed with: cervical strain; cervical disc disease; cervical spondylosis and carpal tunnel syndrome. Treatment included unspecified topical creams and patches. This review is for Fluri(NAP) cream "LA 180 gm for pain with 2 refills. There is no description of the topical medication. According to the 12/10/14 UR letter, the Fluri(NAP) cream." LA is a compounded topical containing flurbiprofen 20%, lidocaine 5%, and amitriptyline 4%. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS states: "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." Lidocaine is not recommended in cream, lotions or gels. Therefore the whole compounded medication that contains lidocaine cream is not recommended. The use of Fluri(NAP) cream LA 180 gm for pain with 2 refills IS NOT medically necessary.

**Terocin patches #30:** 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Low Back Chapter, Biofreeze<sup>®</sup> 1/2 cryotherapy gel

**Decision rationale:** The 12/10/14 Utilization Review letter states the Terocin patches requested on the 10/23/14 medical report was denied because there was no indication that it provides benefits for this injury. The 10/23/14 medical report was not provided for this review. The

9/10/14 medical report states the patient is a 61 year-old female with bilateral upper extremity pain. She was diagnosed with: cervical strain; cervical disc disease; cervical spondylosis and carpal tunnel syndrome. Treatment included unspecified topical creams and patches. This review is for Terocin patches. The Terocin patch contains Menthol 4% and Lidocaine 4%. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS had recommendations for the lidocaine 4% patch, but does not specifically discuss menthol. ODG guidelines, Low Back Chapter for Biofreeze cryotherapy gel, states the active ingredient in Biofreeze is menthol, and that it is recommended for acute pain and takes the place of an ice pack for cryotherapy. In this case, the injury was 2-years ago and is in the chronic phase and ice packs or menthol gel would not be indicated. The menthol portion of the Terocin patch is not recommended for chronic pain, therefore the whole Terocin patch cannot be recommended. The request for Terocin patches #30 IS NOT medically necessary.