

<b>Case Number:</b>	CM15-0001649		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 patient is a 54 year old male with an injury date on 03/20/2104. Based on the 11/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Degeneration of the cervical intervertebral disc. 2. Degeneration of the thoracic intervertebral disc. 3. Neck pain. 4. Thoracic back pain. According to this report, the patient complains of increased pain in his cervical region with stiffness but the main area of pain today is the mid thoracic region. Physical exam reveals tenderness at the paracervicals, trapezius, levator scapulae muscle, C5-7 spinous processes, and T3 spinous process. Cervical range of motion is decreased and painful. The treatment plan is to request for physical therapy, Ibuprofen, Menthoder cream, Terocin patches, and return back in 6 weeks. The patients work status is modified duty- restricted to 8 hr work day. There were no other significant findings noted on this report. The utilization review denied the request for Menthoder cream and Terocin patches on 12/19/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/11/2014 to 11/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoder cream daily with (DOS 11/3/2014): Upheld**

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

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

**Decision rationale:** According to the 11/03/2014 report, this patient presents with shoulders, neck and back pain and is experiencing increased pain in his cervical region with stiffness but the main area of pain today is the mid thoracic region. Per this report, the current request is for Methoderm cream daily with (DOS 11/03/2014). Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the treating physician has not clearly documented that the patient had osteoarthritis and tendinitis at joints that are amenable to topical treatment and MTUS does not support topical NSAIDs for spinal conditions or shoulder joints. The request IS NOT medically necessary.

**Terocin patches daily with (DOS 11/3/2014):** Upheld

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

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

**Decision rationale:** According to the 11/03/2014 report, this patient presents with shoulders, neck and back pain and is experiencing increased pain in his cervical region with stiffness but the main area of pain today is the mid thoracic region. Per this report, the current request is for Terocin patches daily with (DOS 11/03/2014). Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsions have failed. Reviewing of the provided reports shows the Terocin patch was first mentioned on 11/03/2014. The patient has localized shoulder pain that is neither neuropathic nor peripheral in nature. The treating physician does not mention if prior Terocin patch usage helped the patient's pain or improve function. The guidelines do not support the use of Terocin patches unless there is neuropathic pain that is peripheral and localized. Therefore, this request is not medically necessary.