

<b>Case Number:</b>	CM15-0014337		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 42 year old female who sustained a work related injury February 4, 2012. According to a treating physician's progress report dated December 12, 2014, she presented for a follow-up evaluation with essentially full body pain; neck, low back, bilateral shoulders, and mid-back. Past history included hypertension, depression and overdose on multiple occasions, currently not on prescribed oral medication. Objective findings reveals generalizes myofascial pain throughout the upper and lower extremities. Diagnoses included discogenic cervical condition (MRI, 2012 revealed disc protrusion C3-C4, C4-C5, C5-C6, C6-C7 and T1-T2); mid back sprain; discogenic lumbar condition; impingement syndrome of the left shoulder with partial rotator cuff tear; impingement syndrome of the right shoulder with partial tear and mild acromioclavicular joint wear and chronic pain syndrome. Treatment plan included request for topical medications and a request for psychiatric therapy sessions due to anxiety, depression and insomnia. According to utilization review, dated December 23, 2014, the requests for Terocin Patches #20, Voltaren Gel % 100gm #3 tubes and LidoPro Lotion 4oz #1 are non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Lidocaine; Topical Analgesics Page(s): 28-9, 56-7, 111-13.

**Decision rationale:** Terocin is a combination product formulated for topical use. It is made up of capsaicin, lidocaine, methyl salicylate and menthol. Capsaicin is indicated for the temporary relief of minor aches and pains of muscles and joints and to reduce the symptoms of a peripheral neuropathy. It has also been used to treat the itching and inflammation caused by psoriasis. Lidocaine is an anesthetic. In a topical form the MTUS only recommends Lidoderm and only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Methyl salicylate (oil of wintergreen) is used to treat joint and muscular pain. Randomised double blind trial reviews report evidence of its effectiveness that is weak, but stronger for acute pain than chronic pain, and that effectiveness may be due entirely to counter-irritation. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. Menthol and methyl salicylates fall into the other category of topical analgesics with little to no scientific literature to support their use. It is important to note the MTUS states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since lidocaine is not recommended for topical use as a combined product, this product is not recommended. Medical necessity has not been established for use of this medication.

**LidoPro Lotion 4oz #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Lidocaine; Topical Analgesics Page(s): 28-9, 56-7, 111-13.

**Decision rationale:** Lidopro lotion is similar to Terocin patch in that it is a combination product formulated for topical use made up of capsaicin, lidocaine, methyl salicylate and menthol. Capsaicin is indicated for the temporary relief of minor aches and pains of muscles and joints and to reduce the symptoms of a peripheral neuropathy. It has also been used to treat the itching and inflammation caused by psoriasis. Lidocaine is an anesthetic. In a topical form the MTUS only recommends Lidoderm and only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Methyl salicylate (oil of wintergreen) is used to treat joint and muscular pain. Randomised double blind trial reviews report evidence of its effectiveness that is weak, but stronger for acute pain than chronic pain, and that effectiveness may be due entirely to counter-irritation. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. Menthol and methyl salicylates fall into the other category of topical analgesics with little to no scientific literature to support their use. It is important to note the MTUS states, any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Since lidocaine is not recommended for topical use as a combined product, this product is not recommended. Medical necessity has not been established for use of this medication.

**Voltaren Gel 1 percent 100gm #3 tubes:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Topical Analgesics Page(s): 67-73, 111-13.

**Decision rationale:** Voltaren gel (diclofenac 1% gel) is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. Since this patient is unable to take oral NSAIDs use of a topical NSAID may be helpful in controlling this patient's disease process. There are no contraindications noted in this patient to prevent its use. Medical necessity for use of this preparation has been established.