

<b>Case Number:</b>	CM15-0120611		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Arizona, Michigan

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 59-year-old female, with a reported date of injury of 05/15/2014. The mechanism of injury was a trip and fall on her right side with her left arm pinned between a metal bar and the door. The injured worker's symptoms at the time of the injury included immediate pain in her left forearm, elbow, and wrist; and immediate severe swelling in her left forearm. The diagnoses include status post left forearm fracture, status post closed fracture of the radius and ulna, status post left elbow surgery, and stress. Treatments and evaluation to date have included a left arm splint, oral medications, left forearm surgery with insertion of a plate and screws on 05/21/2014, physical therapy, and home exercise program. The diagnostic studies to date x-rays of the left forearm which showed segmental fracture with internal fixation of the ulnar with all fractures well-healed; a single plate on the radius with now healed fracture with evidence of bridging ectopic ossification in the proximal aspects in the interosseous space of the ulnar and radius. The progress report dated 03/23/2015 indicates that the injured worker reported that her symptoms remained the same since the last examination. She continued to report constant left wrist and hand pain. The pain was rated 8 out of 10 with associated tingling. She had received a brace, which provided good benefit. The injured worker denied side effects or GI symptoms with the use of the oral and topical medications. Her pain level without medication was 9 out of 10, and decreased to 5-6 out of 10 with medication. It was noted that the topical creams and patches helped decrease the pain, and use of the oral medications; and they allowed the injured worker to sleep longer and perform more chores. The objective findings include left elbow flexion at 120 degrees; extension at 0 degrees; supination at 60 degrees; and pronation at

60 degrees. There was decreased sensation to light touch along the C6 and C7 nerve root distribution along the left upper extremity. The injured worker remained permanent and stationary with restrictions. She was advised to follow-up in 4-6 weeks. On 02/23/2015, it was noted that the injured worker was currently doing her regular duties with restrictions. Her pain was rated 7 out of 10. The left elbow range of motion showed flexion at 110 degrees, extension at 0 degrees, supination at 40 degrees, and pronation at 30 degrees. Her disability status was noted a temporarily partially disabled until 05/25/2015 with work restrictions. The treating physician requested Terocin 120ml, Terocin pain patch, Capsaicin/Flurbiprofen (NAP) cream, and Norco.

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

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

**Terocin 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence that the injured worker had failed a trial of antidepressants and anticonvulsants. They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Terocin lotion is a combination of methyl salicylate, capsaicin, menthol, and lidocaine. Topical salicylate is recommended by the guidelines. The guidelines indicate that topical capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Terocin lotion is not medically necessary.

**Capsaicin 0.025% Flubi (NAP) Cream-LA 180gms:** 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:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed. There was no evidence of neuropathic pain or of a trial of an antidepressant or anticonvulsant as first-line therapy. The compounded medication contains Flurbiprofen, a non-

steroidal anti-inflammatory agent (NSAID). MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The site of application was not specified. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and effective. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. Not all other topical NSAIDs are FDA approved. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Capsaicin/Flurbiprofen (NAP) cream is not medically necessary.

**Terocin pain patch #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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence that the injured worker had failed a trial of antidepressants and anticonvulsants. They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Terocin patch is a combination of Lidocaine and Menthol. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Terocin patch is not medically necessary.