

<b>Case Number:</b>	CM15-0122899		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 51-year-old female, who sustained an industrial injury on 02/18/2005. The injured worker reported cumulative trauma from performing daily work activities. The injured worker was diagnosed as having hypertension unspecified, constipation, acute gastritis, status post anterior cervical discectomy and fusion at cervical four through seven with residual cervical kyphosis, rule out myelopathy, and thoracic outlet syndrome to the left side status post release. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, medication regimen, above noted procedures, computed tomography of the neck, x-rays of the thoracic spine, physical therapy, acupuncture, massage therapy, x-rays of the lumbar spine, and cervical x-rays. In a progress note dated 05/13/2015 the treating physician reports complaints of pain to the neck and shoulders. In an orthopedic evaluation dated 03/18/2015 the treating physician reports complaints of ongoing pain to the neck, the bilateral shoulders, and arms. The examination was revealing for a decreased range of motion to the lumbar spine, tenderness from midline lumbar four through sacral one, neck pain with L'Hermite and Spurling's tests, decreased sensation to the bilateral upper extremities, decreased motor strength secondary to pain to the bilateral upper extremities, decreased range of motion to the cervical spine, tenderness to the cervical three through cervical seven paraspinal muscles, and tenderness to the bilateral upper trapezial muscles with the left greater than the right. The injured worker's medication regimen included Morphine, Percocet, Cymbalta, Zanaflex, Topamax, Ambien, Losartan, Omeprazole, Dulcolax, Ondansetron, Theramine, Apprim, and compound pain creams with names of the creams unknown. The treating physician noted that the use of transdermal medication was helping the injured worker, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication regimen. Also, the documentation provided did not indicate if the injured

worker experienced any functional improvement with use of her current medication regimen. The treating physician requested Terocin 240ml noting current treatment with use of compound creams, but without documentation of this medication being a part of the injured worker's medication regimen.

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

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

**Terocin 240ml:** 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.