

Case Number:	CM15-0124939		
Date Assigned:	07/09/2015	Date of Injury:	06/18/2013
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 50 year old female, who sustained an industrial injury on June 18, 2013. She reported having a robotic arm grab her right wrist and forearm, with immediate pain in her right wrist. The injured worker was diagnosed as having depressive disorder, disorder of bursae and tendons in shoulder region, tendinitis of the wrist, full thickness rotator cuff tear, and brachial neuritis or radiculitis. Treatments and evaluations to date have included x-rays, electrodiagnostic study, MRI, CAT scan, and medication. Currently, the injured worker complains of right shoulder and upper extremity pain. The Treating Provider's report dated June 11, 2015, noted the injured worker out of pain medications since January, in no acute distress. Examination of the right shoulder was noted to show tenderness to palpation over the anterior aspect of the shoulder with decreased range of motion (ROM). A decrease in the sensory examination of the left C6 and C7 dermatomes was noted. The injured worker was noted to have radiographic evidence of a right shoulder rotator cuff tear, unable to use the shoulder effectively with severely restricted range of motion (ROM). The treatment plan was noted to include a request for a psychological intervention for depression due to pain, a prescription for Percocet, and Methoderm analgesic gel and Terocin patches dispensed. The injured worker was placed on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 15% gel 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 Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049367.htm#MethylSalicylate><http://www.pnarx.com/index.php/mentoderm/>.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication of Mentoderm gel consists of Methyl Salicylate and Menthol. Methyl salicylate is an aspirin- type ingredient. The efficacy of non-steroid anti-inflammatory drugs (NSAIDs) in topical analgesics has been inconsistent, with no long term studies of their effectiveness or safety, recommended for short term use (4-12 weeks). The injured worker was noted to have been prescribed the Mentoderm gel since at least December 2014 without documentation of improvement in the injured worker's pain, function, activities of daily living (ADLs), or quality of life with its use. The treating physician's request did not include the site of application and as such, the prescription is not sufficient. Based on the MTUS guidelines, the documentation provided did not support the request for Mentoderm 15% gel 120ml and is not medically necessary.

Terocin patch 2 boxes: 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): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication of Terocin patch contains the active ingredients of Lidocaine and Menthol. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy of tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an anti-epilepsy drug (AED). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain and 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 for non-neuropathic pain. The injured worker was noted to have been prescribed the Terocin patches since at least December 2014 without documentation of improvement in the injured worker's pain, function, activities of daily living (ADLs), or quality of life with its use. The

treating physician's request did not include the site of application and as such, the prescription is not sufficient. Based on the MTUS guidelines, the documentation provided did not support the request for Terocin patch 2 boxes and is not medically necessary.