

<b>Case Number:</b>	CM15-0038564		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 injured worker is a 40 year old male, who sustained an industrial injury on December 4, 2013. He has reported pain of the right shoulder, abdomen, right arm/shoulder, and back. His diagnoses include cervical spine sprain/strain with mild herniated disc, right shoulder supraspinatus/infraspinatus tendonitis with subacromial bursitis, right elbow epicondylitis with possible tear of tendon, bilateral carpal tunnel syndrome, lumbar spine sprain/strain, lumbar disc syndrome without myelopathy, and lumbar radiculitis with radiculopathy to the bilateral lower extremities. He has been treated with acupuncture, physical therapy, electromyography/nerve conduction velocity studies, and medications. On February 20, 2015, his treating physician reports continued pain of the right shoulder, neck, lower back pain, bilateral wrist/hand, and elbow. Orthopedic and pain management specialist care is pending. He is currently taking anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory medications. The physical exam revealed paracervical, trapezius, and supraspinatus muscle tenderness of the cervical spine, mildly decreased range of motion, and negative Spurling's test. There was right shoulder tenderness to palpation of the acromioclavicular and sternoclavicular joints, supraspinatus, and infraspinatus muscles. There was normal strength, moderately decreased range of motion of the right shoulder, mildly decreased range of motion of the left shoulder, and negative Neer, Hawkin's and Codman's tests. There was no swelling or redness of the right elbow, tenderness to palpation of the lateral epicondyle, mildly decreased range of motion, and a positive tennis elbow test. There was paraspinous tenderness of the lumbar spine, mildly decreased range of motion, and positive bilateral straight leg raise, crossed leg raise, and femoral stretch testing which

produced back pain. There was no calf muscle atrophy, and normal ankle dorsiflexion and leg sensation. The neurological exam was unremarkable. The treatment plan includes topical compound creams.

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

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

**Prospective request for 30 Terocin Patches (Lidocaine 4% and Menthol 4%) between 2/19/15 and 4/5/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** This patient has a date of injury of 12/04/13 and presents with lower back, right shoulder, bilateral wrist/hand and right elbow pain. The Request for Authorization is not provided in the medical file. The current request is for PROSPECTIVE REQUEST FOR 30 TEROGIN PATCHES-LIDOCAINE 4% AND MENTHOL 4%- BETWEEN 02/19/14 AND 04/15/15. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113 under topical analgesic state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS Guidelines supports the usage of salicylate topical for osteoarthritis and tendonitis in particular of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient suffer from wrist/hand and elbow pain; however, the treating physician does not discuss were these patches are to be applied. In addition, the patient has been prescribed Terocin patches since 06/28/14 with no discussion regarding pain relief or functional changes. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.

**Prospective request for 1 container of Flurbi (NAP) cream-LA (Flurbioprofen 20%, Lidocaine 5%, and 180 grams between 2/19/15 and 4/5/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic analgesics Page(s): 111-113.

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

**Decision rationale:** This patient has a date of injury of 12/04/13 and presents with lower back, right shoulder, bilateral wrist/hand and right elbow pain. The Request for Authorization is not provided in the medical file. The current request is for PROSPECTIVE REQUEST FOR 1 CONTAINER OF FLURBI -NAP-CREAM LA -FLURIBIPROFEN 20% LIDOCAINE 5% 180

GRAMS BETWEEN 02/19/14 AND 04/15/15. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient meets the criteria set forth by MTUS for the use of a topical NSAID; however, lidocaine has only been approved in a patch form. This topical compound medication IS NOT medically necessary.

**Prospective request for 1 container o Gabapentin (Gabapentin 6% and Tramadol 10%) 180 grams between 2/19/15 and 4/5/15: Upheld**

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

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

**Decision rationale:** This patient has a date of injury of 12/04/13 and presents with lower back, right shoulder, bilateral wrist/hand and right elbow pain. The Request for Authorization is not provided in the medical file. The current request is for 1 CONTAINER OF GABAPENTIN 6% AND TRAMADOL 10% 180 GRAMS BETWEEN 02/19/14 AND 04/15/15. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommendation in any topical formulation and Tramadol has not been tested for transdermal use. This topical compound medication IS NOT medically necessary.