

<b>Case Number:</b>	CM15-0071048		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 66-year-old male, who sustained an industrial injury on 4/30/12. He reported right shoulder pain. The injured worker was diagnosed as having a history of right rotator cuff tear, right shoulder impingement syndrome, a history of partial biceps tear on the right, right moderate acromioclavicular joint arthritis, and status post right shoulder surgery. Treatment to date has included physical therapy, which was noted to have caused pain. Other treatment included rotator cuff repair on 12/11/12, a home exercise program, medications, and H-wave treatment. The most recent physician's report provided dated 10/2/14 noted right shoulder painful range of motion. Forward flexion was 90 degrees and abduction was 70 degrees. Motor weakness was noted to be 4/5 on the right with tenderness to palpation over the acromioclavicular joint. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for Terocin lotion #1, Genicin 500mg #90, Celebrex 200mg #60, and Prilosec 20mg #60. A physician's report dated 7/17/14 noted the treatment plan included Terocin lotion and Genocin to be combined with Celebrex 200mg for inflammation and joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion Qty1: 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 Section Salicylate Topicals Section Topical Analgesics Section Page(s): 28, 105, 111-113.

**Decision rationale:** Per manufacturer's information, Terocin lotion is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, methyl salicylate 25% and lidocaine 2.50%. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Topical lidocaine in the formulation of a cream or lotion is not recommended, therefore Terocin is not recommended by the MTUS Guidelines. This request is not medically necessary.

**Genicin 500mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Section Page(s): 50.

**Decision rationale:** The MTUS Guidelines recommend glucosamine and chondroitin as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is no indication that the injured workers shoulder pain is arthritic in nature. The request for Genicin 500mg Qty 90 is determined to not be medically necessary.

**Celebrex 200mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section NSAIDs Specific Drug List and Adverse Effects Section Page(s): 22, 67-71.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. There is no evidence of objective functional improvement while using Celebrex and there is no documentation of GI complications with the injured worker. The request for Celebrex 200mg Qty 60 is determined to not be medically necessary.

**Prilosec 20mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. Additionally, the request for Celebrex has been non-certified negating the need for a proton pump inhibitor. The request for Prilosec 20mg Qty 60 is determined to not be medically necessary.