

<b>Case Number:</b>	CM15-0073533		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/09/2008
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 69 year old male, who sustained an industrial injury on April 9, 2008. He has reported neck pain, back pain, shoulder pain, rib pain, and knee pain. Diagnoses have included adhesive capsulitis of the shoulder, humerus fracture, right knee internal derangement, cervical spine discogenic disease, cervical spine strain/sprain, chronic right rib pain, and lumbar spine degenerative disc disease with radiculitis. Treatment to date has included medications, physical therapy, shoulder surgery, and imaging studies. A progress note dated February 25, 2015 indicates a chief complaint of right shoulder pain, right knee pain, and neck pain. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 180 g x2:** 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 Salicylate topicals and Topical analgesics and Lidoderm (lidocaine patch) Page(s): 105 and 111-113 and 56-57.

**Decision rationale:** Terocin 180 g x 2 is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Lotion are :Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% Lidocaine 2.50% .Terocin contains Lidocaine which per MTUS guidelines is not recommended by the MTUS in cream, lotion or gel formulation for neuropathic pain. Capsaicin is contained within Terocin and per MTUS Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that patient is intolerant to other treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate. Menthol: The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. The patient does not meet the criteria for either Capsaicin and topical lidocaine in this case is not supported by the MTUS therefore Terocin is not medically necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prilosec 20 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.