

<b>Case Number:</b>	CM15-0095377		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	12/27/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 59 year old male, who sustained an industrial injury on 12/27/2014. He has reported subsequent back, left wrist and shoulder pain and was diagnosed with lumbar disc disorder, left wrist sprain and rotator cuff disc. Treatment to date has included oral pain medication, TENS unit, application of ice and physical therapy. In a progress note dated 04/20/2015, the injured worker complained of back pain. Objective findings were notable for a slow antalgic gait, positive Hawkins, Speeds and Drop arm tests of the right shoulder, tenderness to palpation of the right shoulder and dysesthesias over the anterior thigh and medial thigh on the right side and posterior, medial thigh on the left side. A request for authorization of acupuncture of the right shoulder and back 2x/week x 4 weeks and Terocin patch 4% quantity of 30 patches was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture right shoulder and back 2 x per week x 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture right shoulder and back 2 x per week x 4 weeks is not medically necessary as written per the MTUS guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of initial visits recommended by the MTUS and therefore acupuncture right shoulder and back 2 x per week x 4 weeks is not medically necessary.

**Terocin patch 4% Qty: 30 patches (prescribed 4-20-15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Capsaicin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Menthol and Topical analgesics Page(s): 56 and 105 and 111-112.

**Decision rationale:** Terocin patch 4% Qty: 30 patches (prescribed 4-20-15) is not medically necessary per MTUS Chronic Pain Medical Treatment Guidelines. A Terocin patch contains Menthol 4%; Lidocaine 4%. Per MTUS guidelines, topical lidocaine in the form of a creams, lotions or gel is not indicated for neuropathic pain. The guidelines state that lidocaine in a patch form may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) and is only FDA approved for post-herpetic neuralgia. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of intolerance to oral medications, failure of first-line therapy and no indication of postherpetic neuralgia in this patient Terocin patch is not medically necessary.