

Case Number:	CM13-0015156		
Date Assigned:	10/07/2013	Date of Injury:	06/28/2012
Decision Date:	01/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine, and is licensed to practice in Alaska and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who reported an injury on 6/28/12 that resulted from the repetitive and strenuous nature of her job duties. The patient is noted to have multiple symptoms, including headaches, blurred vision, neck pain, upper and mid back pain, low back pain, bilateral shoulder pain, bilateral arm pain, bilateral elbow pain, bilateral wrist pain, bilateral hip pain, bilateral thigh pain, bilateral knee pain, and symptoms of depression and anxiety, as well as difficulty with sleep secondary to persistent pain. The patient's diagnoses are listed as cephalgia, cervical spine sprain, cervical spine radiculitis, thoracic spine sprain, thoracic spine radiculitis, lumbar spine sprain, lumbar spine radiculitis, bilateral shoulder sprain, bilateral arm sprain, right hand sprain, status post surgery in 2009, bilateral hip sprain, bilateral hip contusion, respiratory difficulties, insomnia, and depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin, #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: The California MTUS Guidelines state that for compounded topical medications, any product that contains at least one individual drug or drug class that is not recommended cannot be recommended as a compounded whole. Terocin includes Lidocaine and menthol. Lidocaine is recommended for localized peripheral pain after a trial of first line therapy, to include a tricyclic or selective nerve root injection antidepressant, or an anti-epilepsy drug such as Gabapentin or Lyrica. The guidelines further specify that topical Lidocaine, in the formulation of a dermal patch, 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. It states that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The medical records provided for review did not include detailed documentation regarding the use of the Terocin topical medication and the patient's history as far as first line therapies. The guidelines also state that topical salicylates such as menthol are recommended, as they were shown to be significantly better than placebo in chronic pain. However, since Lidocaine is not recommended topically, Terocin cannot be recommended. With the absence of the detailed documentation needed to make a recommendation regarding Lidocaine, the request is not supported.