

Case Number:	CM13-0022340		
Date Assigned:	11/13/2013	Date of Injury:	07/21/2011
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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:

26 year old male injured worker with date of injury 7/21/11 with complaint of knee pain which radiates to the low back and down the left leg. MRI of left knee completed 4/15/13 shows degenerative changes also of the anterior horn of the medial meniscus as well as anterior-posterior horn of the lateral meniscus, tendinosis of the posterior cruciate ligament; partial tear cannot be completely excluded. EMG studies of the lower extremities were normal. Per injured worker statement during 5/3/13 psychiatric evaluation, following injury he developed symptoms of depressed mood, loss of libido, insomnia, impaired concentration and memory, increased appetite and weight gain, worthlessness and guilt feelings, low energy and fatigue, and irritability and anger. The injured worker is refractory to cortisone injections and physical therapy. The injured worker is currently being treated with Norco 10/325, Tramadol ER 150mg, and Terocin lotion. The date of UR decision was 9/3/13. The last available documentation available for this review was dated 10/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 105, 111-113.

Decision rationale: The Physician Reviewer's decision rationale: Terocin is capsaicin, lidocaine, methyl salicylate, menthol, and boswellia serrata. Capsaicin may have an indication in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the preponderance of evidence suggests this product is not medically necessary. With regard to lidocaine MTUS p 112 states "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Menthol is not medically indicated. Per MTUS p25 Boswellia Serrata Resin is not recommended for chronic pain. Boswellia Serrata is not medically indicated. MTUS p111 states that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since the compound contains multiple drugs that are not indicated, the entire compound is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a