

Case Number:	CM13-0028411		
Date Assigned:	11/27/2013	Date of Injury:	10/01/2010
Decision Date:	01/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 52-year-old male who reported an injury on 10/01/2010 when a quad vehicle that the patient was riding rolled over in a ditch. Notes indicate that the patient underwent a subsequent lumbar surgery on 02/04/2011 at L5-S1 for a bulged disc. The patient's past medical history includes a hernia repair and discectomy at L5-S1, with the patient more recently having been treated for GI bleeding and ascites. Currently under consideration is a request for Terocin lotion. Notes indicate that the patient is currently diagnosed with a possible post concussive syndrome, lumbosacral strain, and disc herniation on the right at L5-S1. The Qualified Medical Examination on 06/12/2013 indicated the patient to have constant complaint of low back pain to the right side with pain extending down the bilateral legs. The patient also has constant numbness to both feet without hip pain. On physical exam, muscle bulk was noted to be full and symmetric without signs of atrophy with normal muscle tone and strength in all major muscle groups in the upper and lower extremities with decreased sensation to pinprick in both feet. Deep tendon reflexes were present and symmetric at the bilateral upper and lower extremities with the patient able to ambulate without sign of a limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin lotion #120 for DOS 7/10/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Terocin lotion: Indications, Side Effects, Warnings - Drugs.com www.drugs.com ° Drugs by Condition ° Pain

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Many agents are compounded as monotherapy or in combination for pain control; however, 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, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS states Lidocaine in a transdermal application is recommended for Neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. 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. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. CA MTUS states that salicylate topicals are recommended as significantly better than placebo in chronic pain. The documentation submitted for review indicates that the patient has complaints of constant low back pain with neuropathic symptoms. The requested Terocin lotion is indicated as having ingredients containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. While the Guidelines support the recommendation for the use of capsaicin at a 0.025% formulation as well as methyl salicylate, the current request for the medication is not supported given that lidocaine at 2.5% formulation is not currently supported, as Guidelines indicate there are no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels for neuropathic pain. Furthermore, the current request is a retrospective for date of service 07/10/2013. However, the clinical notes from 07/10/2013 were not submitted for this review. Given the above, the request for retrospective Terocin lotion #120 for DOS 7/10/2013 is not medically necessary and appropriate.