MAXIMUS Federal Services

Case Number:	CM13-0031458		
Date Assigned:	12/04/2013	Date of Injury:	06/05/2001
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Managment has a subspecialty in Disability Evaluation 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:

This is a 55-year-old injured worker with a 6/5/2001 date of injury sustained by their low back, right elbow, and bilateral knees, wrists, and shoulders. Diagnoses include, internal derangement of the right knee; impingement syndrome bilaterally; medial epicondylitis bilaterally. The patient treatment plan included two right knee surgeries ; Post-op physical therapy; 5 knee injections in 2004; two Hyalgan Injections in 2005; 24 sessions of physical therapy in 2005;12 sessions of physical therapy in 2009; 8 sessions of acupuncture; 12 chiropractic sessions in 2012; medications; TENS unit; and a Paraffin wax. 9/4/13 progress note states that the patient had gone to [redacted] for chiropractic treatment that gave "great relief'. The patient's liver enzymes have been elevated according to the blood test and the patient has been using tramadol less. Examination shows tenderness along the medial joint line of both knees. Knee flexion is reduced to 90 degrees. There is mention of an x-ray that was done, which showed 1 mm of articular surface left along the medial joint line on the right. 7/30/13 progress note states that there is persistent pain in all areas graded at 6/10 with the right shoulder being the worst with 8/10. The patient complains of spasms in the low back and the right shoulder blade as well as the right AC joint. The patient is able to prepare food and do self-care without assistance. The patient prefers to use the TENS unit for pain as needed. 2/13/12 AME treatment discussion states that Naprosyn, Prilosec, and tramadol are not entirely unreasonable. The patient needs ongoing treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin lotion is a topical analgesic containing the following active ingredients: Capsaicin, Lidocaine, Menthol and Salicylate. According to Chronic Pain Medical treatment guidelines MTUS section on topical analgesics, pages 111 to 112, the use of topical analgesics is largely experimental 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, Î±-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, Î³ 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. 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. Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm 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. Additionally the MTUS Chronic Pain Medical Treatment Guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The medical records provided for review does not indicate that the patient meets the criteria listed above for the use of Terocin patches. The request for topical Terocin quantity 10 is not medically necessary and appropriate.