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| Case Number: | CM13-0034639 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 06/15/2010 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 09/06/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma 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 62-year-old female who reported an injury on 06/15/2010. The injury was noted to have occurred when she felt pain in her leg and numbness in her hands while lifting a box. Her symptoms are listed as pain to her bilateral wrists and hands, right knee, bilateral elbows, and bilateral shoulders. Her diagnoses are listed as right knee chondromalacia patella, right knee contusion, degenerative change of the knee/osteoarthritis, bilateral carpal tunnel syndrome, bilateral de Quervain's, bilateral shoulder bursitis and impingement, bilateral shoulder symptomatic AC joint, bilateral elbow medial epicondylitis, right shoulder Superior Labrum Anterior and Posterior (SLAP) lesion, bilateral elbow common extensor tendon origin tendinosis/partial tear. A request was made for Terocin lotion

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 4oz.: Upheld

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

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

Decision rationale: Terocin lotion is noted to include methyl salicylate, capsaicin, menthol, and lidocaine. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that many topical 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. It further specifies that any compounded product that contains at least 1 drug, or drug class, that is not recommended, is not recommended. The California MTUS Guidelines state that salicylate topicals are recommended as they have been shown to work better than placebo for chronic pain. In regard to capsaicin, the guidelines state that topical capsaicin is recommended only as an option in patients who have not responded or are otherwise intolerant to other treatments. In regard to lidocaine, the guidelines indicate that the only FDA approved and recommended formulation of lidocaine is the Lidoderm patch. Additionally, topical lidocaine is not recommended for non-neuropathic pain. Despite the fact that salicylate topicals are recommended by the guidelines, the documentation submitted for review failed to give an adequate history of the patient's trial and failure of antidepressants and anticonvulsants, in order to warrant the use of a topical analgesic. Additionally, the use of capsaicin has not been shown to be medically necessary in the absence of documentation regarding other treatments that the patient did not respond to or was intolerant to. Furthermore, as topical lidocaine is only recommended in the form of the Lidoderm patch, it is not recommended. As the guidelines state that for compounded topical agents, if any drug is not recommended, the topical agent is not recommended, the request is not supported. Therefore, the request is non-certified.