

Case Number:	CM13-0035299		
Date Assigned:	06/04/2014	Date of Injury:	08/24/2011
Decision Date:	08/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 injured worker is a male with date of injury 8/24/2011. Per orthopedic surgeon request for authorization dated 9/24/2013, the injured worker is seen for both knees and the right shoulder. He is status post two shoulder interventions, the most recent in 11/2012, and has had Hyalgan injections to both knees. He has stopped working as of 1/23/2012. He has recently lost roughly 24 pounds and weighs 337 pounds. He still uses a cane. His MRI shows wear in both joints. He has gotten his weight unloading braces just recently. He does have access to a TENS unit and does have hot and cold wrap. He is not doing any chores. He does have issue of Gastroesophageal reflux disease (GERD). He has not seen any psychiatrist and seems to be able to avoid one. He has gone to the gym on his own and to arthritis class. On exam there is tenderness along the knee with weakness to resisted function. Extension is 170 degrees and flexion is 100 degrees. At the shoulder he has 150 degrees of elevation with weakness to resisted function. Diagnoses include 1) impingement syndrome of the shoulder on the right status post decompression, with subsequent lysis or capsular release as well as rotator cuff repair. 2) internal derangement of the knee on the right and the left treated with Hyalgan injections. 3) he seems to have compensable issues with regard to his buttock on the right and he requires a cane which seems to be related to sciatica type of pain from the limping. 4) sleep and stress. 5) GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Salicylate Topicals section, Topical Analgesics section Page(s): 28,104, 111-113.

Decision rationale: Per the manufacturer's information, Terocin patch is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, Lidocaine 2.5% and methyl salicylate 25%. Topical capsaicin is recommended by the guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. 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 antipruritics. Salicylate topicals are recommended by the guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. In this case, the clinical reports do not clearly describe a patient that is suffering from neuropathic pain, so topical lidocaine in the form of a dermal patch is not recommended. The request for Terocin patches #20 is determined to not be medically necessary.

Lidopro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the guidelines, the use of Lidopro ointment is not recommended. In addition, the medical documentation does not clearly show that the injured worker did not respond to or

was intolerant of other treatment options to justify the use of topical analgesics. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. 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 antipruritics. Salicylate topicals are recommended by the guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The request for Lidopro ointment is determined to not be medically necessary.