

Case Number:	CM13-0036484		
Date Assigned:	12/13/2013	Date of Injury:	05/05/2004
Decision Date:	02/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 65 year old man who sustained work injury on May 5 2004. He subsequently developed chronic back, neck and right shoulder. According to the progress note, he developed left arm pain with numbness and tingling. Physical examination showed cervical paraspinal tenderness, increased deep tendon reflexes in the biceps, triceps, brachioradialis, positive Hoffmann's sign and left thenar muscle atrophy. The patient was diagnosed with cervical discogenic cervical condition with radicular component along the left upper extremity and bilateral L5-S1 radiculopathy, depression, stress, sleep disorder, sexual dysfunction and headaches. The provider requested authorization to use LidoPro and Terocin for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Terocin, #20: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the California MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Terocin patch contains capsaicin a topical analgesic not recommended by the California MTUS guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore the request for Terocin is not medically necessary.

LidoPro lotion: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the California MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine, which are not recommended by the California MTUS guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore the request for LidoPro is not medically necessary.