

Case Number:	CM13-0058378		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2010
Decision Date:	04/04/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 54 year old female who reported an injury on 03/01/2010. The mechanism of injury was noted to be a cumulative trauma. The patient was noted to be treated with topical and pain patches on 08/21/2013. The recent documentation dated 11/13/2013 revealed the patient uses a wrist brace, topical cream, and patches to manage the pain level. The patient's pain daily was noted to be an 8/10. The patient was noted to be on peritoneal dialysis daily and on the list for a kidney transplant. The request was made for LidoPro lotion 4 oz for topical use for pain and Terocin patches a total of #20 for topical pain. The patient's diagnoses were noted to be CMC joint inflammation and arthritis bilaterally status post intervention on the right in 2011.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine, Page(s): 105, 11, 28, 112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments are Lidocaine and Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review failed to indicate the necessity for 2 forms of the same medications. The duplicate medications were noted to be capsaicin and lidocaine. Given the above and the lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants, the request for Terocin patches #20 is not medically necessary.

LidoPro lotion #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, , Topical Capsaicin, Lidocaine, Page(s): 105, 111, 28, 11. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=LidoPro>

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments are Lidocaine and Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review failed to indicate the necessity for 2 forms of the same medication. The duplicate medications were noted to be capsaicin and lidocaine. Given the above and the lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants, the request for LidoPro lotion #1 is not medically necessary.