

Case Number:	CM13-0058773		
Date Assigned:	01/15/2014	Date of Injury:	03/24/1994
Decision Date:	04/29/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 49 year old who was injured on 3/24/1994. On 10/14/2013, the patient complained of neck pain radiating to upper extremities. There was associated numbness and tingling pain along the C5-C7 dermatomes. The diagnoses are bilateral carpal tunnel syndrome and cervical radiculopathy. The 7/12/2013 MRI of the cervical spine showed multilevel spondylosis and central canal stenosis. The patient had completed chiropractic and massage therapy with significant improvement to his symptoms. The medications listed are tramadol, Methoderm gel and Terocin patch for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL 120MG: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of topical analgesic for the treatment of neuropathic pain. Topical analgesic preparations could be used in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant first line medications have failed. The

record does not indicate that the patient have failed treatment with first line medications. The Terocin patch contains menthol 10%, capsaicin 0.025%, methyl salicylate 25% and lidocaine 2.5%.The guideline recommends that topical medications be tried and evaluated individually for efficacy. Any compound product that contains at least one drug or drug class that is not recommended does not have an approved medical indication. The Terocin patch contains menthol that have no FDA approved indication. There is lack of data for an enhanced efficacy with the use of topical lidocaine in any other formulation other than on Lidoderm patch.

TEROCIN PATCHES: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of topical analgesic for the treatment of neuropathic pain. Topical analgesic preparations could be used in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant first line medications have failed. The record does not indicate that the patient have failed treatment with first line medications. The Terocin patch contains menthol 10%, capsaicin 0.025%, methyl salicylate 25% and lidocaine 2.5%.The guideline recommends that topical medications be tried and evaluated individually for efficacy. Any compound product that contains at least one drug or drug class that is not recommended does not have an approved medical indication. The Terocin patch contains menthol that have no FDA approved indication. There is lack of data for an enhanced efficacy with the use of topical lidocaine in any other formulation other than on Lidoderm patch.