

Case Number:	CM13-0059540		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2007
Decision Date:	04/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old female who reported injury on 10/23/2007. The mechanism of injury was not provided. The patient indicated they had pain in the left wrist and hand symptoms which were rated a 7/10. The patient reported a constant discomfort that had not changed since the last visit. The patient was noted to be utilizing Terocin lotion since 10/2012. It was indicated the patient used Terocin to decrease pain and increase function. The patient's diagnoses were noted to include flexor tendonitis left index and long fingers, status post left carpal tunnel release and volar sheath surgery in 09/2009, DJD, PIP joints, index and long trigger finger. The treatment plan was noted to include Terocin cream and LidoPro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

. ONE PRESCRIPTION OF TEROGIN PAIN PATCH BOX (10 PATCHES): 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; 112.

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 not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... 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 salicylates. 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 formulations of the medications lidocaine and capsaicin. There was a lack of documentation indicating the patient had a trial of antidepressants and anticonvulsants that had failed and that the patient had not responded or was intolerant to other treatments. The request for 1 prescription of Terocin pain patch box (10 patches) between 10/18/2013 and 12/29/2013 is not medically necessary.

ONE PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT: 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; 112.

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 not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... 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 salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. 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 not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... 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 salicylates. 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 types of formulations of the medication lidocaine and capsaicin. There was a lack of documentation indicating the patient had a trial of antidepressants and anticonvulsants that had failed and that the patient had not responded or was intolerant to other treatments. The request as submitted failed to indicate the quantity of LidoPro being requested. Given the above,

the request for 1 prescription of LidoPro topical ointment between 10/18/2013 and 12/29/2013 is not medically necessary.