

Case Number:	CM13-0066807		
Date Assigned:	01/03/2014	Date of Injury:	05/07/2010
Decision Date:	05/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/17/2013

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 Management 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 patient is a 57 year old, male, maintenance worker at [REDACTED] who requests for Ketoprofen 20%/Ketamine 10% Gel 120gm and Terocin Topical Pain Cream 4oz. 120mL to use for his chronic low back pain due to a work injury from May 7, 2010. Treatment to date includes: physical therapy, home exercise program, NSAIDs, opioids, narcotics, selective nerve root block, epidural steroid injection, and topical analgesics. However, there was persistence of the low back pain. Review of the progress notes from 2013 showed that there was persistence of the mentioned low back pain, now accompanied by difficulty sleeping due to pain. A progress note dated October 23, 2013 reported that the patient went to the emergency room for abdominal pain, deemed to be due to the oral medications he was taking. The patient was started on Ketoprofen 20%/Ketamine 10% Gel 120gm and Terocin Topical Pain Cream 4oz. 120mL to minimize the possible gastrointestinal side effects associated with NSAIDs and neurovascular complications associated with narcotic medications. However, despite using topical analgesics, a progress report dated November 7, 2013 revealed that there was persistence of the lower back pain and its radiation extended to both lower extremities. On Final Determination Letter for IMR Case Number CM13-0066807 3 physical examination, the lumbar spine revealed decreased range of motion, positive straight leg raise test on the left, patellar reflexes are decreased on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF KETOPROFEN 20% KETAMINE 10% GEL 120GM:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Topical Medications.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Guidelines do not support the use of ketoprofen for topical use. In this case, the patient has been taking this medication since October 2013. However, there is no discussion concerning the need for variance from the guidelines. Therefore the request for Ketoprofen 20%/Ketamine 10% Gel 120gm is not medically necessary.

ONE (1) PRESCRIPTION OF TEROGIN TOPICAL PAIN CREAM 4OZ. 120ML:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Topical Medications.

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

Decision rationale: Terocin is a compound medication that contains Methyl Salicylate (25%), Capsaicin (0.025%), Menthol (10%), and Lidocaine (2.50%). It is a topical analgesic used temporarily to relieve mild aches and pains of muscles or joints. Topical Lidocaine is recommended for localized peripheral pain after a trial of first-line therapy. Topical Capsaicin is indicated for patients who are unresponsive or intolerant to other treatments. Topical Salicylate is recommended for osteoarthritis and tendinitis in joints that are amenable to topical treatment. Menthol is used as an analgesic in minor aches and pains, such as muscle cramps, sprains, and headaches. According to the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of Capsaicin and Lidocaine for compounded products, and both components are not recommended for topical use. In addition, there is no recommendation written in the guidelines supporting the use of Menthol as a topical analgesic. In this case, the patient has been using this medication since October 2013. The patient is complaining of persistent low back pain that is not relieved by the above-mentioned treatments and procedures. Terocin was prescribed to provide temporary relief of the low back pain; however, Terocin was reported to contain Capsaicin, Lidocaine, and Menthol. Evidence based guidelines do not support any compounded medication that contains at least one drug or drug class that is not recommended and there is no discussion concerning the

need for variance from the guidelines. Therefore, the request for Terocin cream is not medically necessary.