MAXIMUS Federal Services

| Case Number: | CM13-0067760 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 12/15/2011 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

## 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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 50-year-old female who reported an injury on 12/15/11. The mechanism of injury was not provided in the medical records. Her symptoms included increased pain to the back. The injured worker was noted to be taking medications with benefit. The injured worker was noted to have positive bilateral lumbar spine facet maneuver and positive trigger points, as well as decreased sensation to the bilateral feet. The injured worker was diagnosed with sprain of the neck. Past medical treatment and diagnostic studies were not included in the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN LOTION WITH ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for

pain control; however, there is little to no research to support the use of many of these agents. Furthermore, according to guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested topical analgesic is a combination of methyl salicylate, capsaicin, menthol, and Lidocaine. The documentation submitted for review failed to provide evidence of functional improvement with the requested medication or documentation of the need for a combination topical analgesic. While guidelines support the use of Lidocaine for neuropathic pain, they further state no other commercially approved topical formulations of Lidocaine other than Lidoderm (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation, primarily used for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The documentation submitted for review failed to provide documentation of the injured worker being intolerant to other treatments or documentation that the injured worker had diagnoses consistent with the recommended uses of capsaicin; therefore, the use of capsaicin is not supported. Additionally, the use of lidocaine in the form of a lotion is not recommended. As the requested medication is a compounded product that contains at least one drug that is not recommended, the request is not supported. Additionally, the request did not indicate what frequency at which the medication was prescribed in order to determine the necessity. Given the above, the request is not medically necessary.

**DENDRACIN OINTMENT 120 ML WITH ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Furthermore, according to guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested topical analgesic is a combination of Methyl Salicylate 30%, Capsaicin 0.0375%, and Menthol 10%. The documentation submitted for review failed to provide evidence of functional improvement with the requested medication or documentation of the need for a combination topical analgesic. While guidelines support the use of methyl salicylate, they failed to reveal any guidelines for scientific evidence to support the use of menthol. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review

failed to provide documentation of the injured worker being intolerant to other treatments or indicate the injured worker had diagnoses consistent with the recommended uses of capsaicin; therefore, the use of capsaicin is not supported. As the requested medication is a compounded product that contains at least one drug that does not meet guideline recommendations, the request is not supported. Additionally, the request did not indicate what frequency at which the medication was prescribed in order to determine the necessity. Given the above, the request is not medically necessary.