

Case Number:	CM13-0068640		
Date Assigned:	01/03/2014	Date of Injury:	10/17/2005
Decision Date:	06/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine, 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 54-year-old who has submitted a claim for bilateral knee degenerative joint disease, thoracic spine strain/sprain associated with an industrial injury date of October 17, 2005. Medical records from 2013 were reviewed which revealed consistent low back and bilateral knee pain with pain scale of 6/10 and 7/10, respectively. Physical examination showed range of motion of 0 to 120 degrees of bilateral knee. There was crepitus and tenderness in motion. Lachman and Drawer tests were negative. Thoracic spine was tender with mildly decreased range of motion. Muscle spasms were also noted. Treatment to date has included, TENS (transcutaneous electrical nerve stimulation), orthovisc injections and chiropractic sessions. Medication taken was Ketoprofen 75 mg. Utilization review from November 19, 2013 denied the request for Terocin pain relief lotion #1 because guidelines do not recommend the use of any compounded drug that contains at least one drug that is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN RELIEF LOTION #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.24.2 Page(s): 28, 111-113.
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN
CHAPTER; SALICYLATE TOPICALS

Decision rationale: As stated in the 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. Terocin lotion contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, the Chronic Pain Medical Treatment Guidelines identify that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding the Lidocaine component, the Chronic Pain Medical Treatment Guidelines identifies that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, the Chronic Pain Medical Treatment Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the Chronic Pain Medical Treatment Guidelines states that salicylate topical are significantly better than placebo in chronic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. The request for one prescription of terocin pain relief lotion is not medically necessary or appropriate.