MAXIMUS Federal Services

Case Number:	CM14-0105102		
Date Assigned:	07/30/2014	Date of Injury:	05/19/2007
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	07/07/2014

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 California and Texas. 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:

Medical Records reflect a 53 year old male with a work related injury on 5-19-07. The claimant current has the following diagnosis: Low back pain, ongoing headaches, depression, bilateral Achilles masses, left sided facial numbness and left sided chest pain of unknown etiology, upper and lower extremity paresthesias, degenerative disc disease of the cervical spine, cervical stenosis, lumbar radiculopathy. Documentation notes that the claimant has been diagnosed with medication induced gastritis and GERD. Medical Records reflect the claimant has been taking Omeprazole but still had abdominal pain. The claimant also has a diagnosis of chronic major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Terocin Pain Patch #10 (DOS: 04/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Indication; Capsaicin, Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - topical compound medication.

Decision rationale: Medical Records reflect a claimant with GI difficulties who has been taking Prilosec and using Terocin which the claimant reported was working. Exam of 4-16-14 notes the claimant has an antalgic gait, limited range of motion, decreased sensation to left L4-L5 dermatomes, 4+/5 strength of left hamstrings, TA, EHL and IVN, 5-/5 strength of bilateral plantar flexors and eversion. Evaluation on 3-21-14 and 7-15-14 notes the prescription for LidoPro cream. Currently there is a request for Terocin cream provided on 4-16-14. Current treatment guidelines reflect that these topical medications are not recommended as a first-line therapy for most patients, but recommended as an option after a trial of first-line FDA-approved drugs, if the compound drug uses FDA-approved ingredients that are recommended in ODG. It is noted that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is an absence in documentation noting what medications are being prescribed to the claimant at this time that is causing his continued gastritis. While the claimant has induced gastritis due to the medications in the past, there is no indication that he cannot tolerate an over the counter topical medication. The efficacy of Terocin patch has not been established in the medical literature. Therefore, the request is not medically necessary.

RETRO: Lidopro Topical Ointment 4oz (DOS: 04/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Indication; Capsaicin, topical. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=41055.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical compound drugs/analgesics.

Decision rationale: Medical Records reflect a claimant with GI difficulties who has been taking Prilosec and using Terocin which the claimant reported was working. Exam of 4-16-14 notes the claimant has an antalgic gait, limited range of motion, decreased sensation to left L4-L5 dermatomes, 4+/5 strength of left hamstrings, TA, EHL and IVN, 5-/5 strength of bilateral plantar flexors and eversion. Evaluation on 3-21-14 and 7-15-14 notes the prescription for Lidopro cream. Currently there is a request for Terocin cream provided on 4-16-14. Current treatment guidelines reflect that these topical medications are not recommended as a first-line therapy for most patients, but recommended as an option after a trial of first-line FDA-approved drugs, if the compound drug uses FDA-approved ingredients that are recommended in ODG. It is noted that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. While the claimant has induced gastritis due to the medications in the past, there is no indication that he cannot tolerate an over the counter topical medication. The safety and efficacy of Lidopro ointment has not been established in the medical literature. Therefore, the request is not medically necessary.