

Case Number:	CM14-0010429		
Date Assigned:	02/21/2014	Date of Injury:	09/05/2008
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 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:

Patient is a 52-year-old female who has submitted a claim for discogenic cervical condition with radicular component, discogenic lumbar condition with progression of disease, epicondylitis and cubital tunnel syndrome, headaches associated with an industrial injury date of 9/5/2008. Medical records from 2013 were reviewed which revealed increased pain in her right elbow and neck accompanied by headaches. This was aggravated by lifting. Medications kept her functional. Spasms were also noted in the neck which radiated to right shoulder then to the back. Right wrist pain has notably increased due to cold weather. Pain awoken her at night. Physical examination of the cervical spine showed tenderness along cervical paraspinal muscles. Range of motion of bilateral elbow showed 180 degrees at extension and 160 degrees at flexion. Range of motion of right wrist was limited due to pain and tightness. Treatment to date has included, massage sessions. Medications taken were Valium, Vicodin, Motrin and Protonix. Utilization review from 1/20/14 denied the request for Terocin Patches and Lido Cream. Regarding Terocin Patch, it was denied because only Lidocaine component was the formulation certified. Regarding Lido cream, it was not recommended because some component of the compounded topical analgesic was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Topical Analgesics Page(s): 28-29, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Terocin patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (Serotonin Norepinephrine reuptake Inhibitors) anti-depressants or an AED (Antiepilepsy Drugs) such as gabapentin or Lyrica). In this case, the patient was prescribed Terocin patches since January 2014. However, there was no evidence in the documentation that the patient failed other first line medications such as Lyrica or an antidepressant. Therefore, the request for Terocin Patches, quantity 30 is not medically necessary.

LIDO CREAM 40Z (BOTTLES) QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113.

Decision rationale: As stated on pages 111-113 of 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. Lido Cream contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC (Over The Counter) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 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. Therefore, the request for Lido cream 40z (bottles) quantity 2 is not medically necessary.

