

Case Number:	CM14-0013524		
Date Assigned:	02/26/2014	Date of Injury:	09/08/2008
Decision Date:	08/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 63-year-old female with a reported date of injury of 09/08/2008. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include bilateral carpal tunnel syndrome, trigger thumb release, bilateral shoulder strain, cervical spine sprain/strain, cervical spondylosis to C4-5 and C5-6, left ankle sprain, and bilateral wrist flexor tendinitis. Her previous treatments were noted to include medications and psychiatric treatment. The progress note dated 03/28/2013 revealed the injured worker was feeling better and had improved her stomach symptoms and lost weight. The physical examination revealed no lateralizing signs during the neurological examination. The progress note dated 11/01/2013 revealed the injured worker was depressed and tearful and was working full time. The provider indicated the injured worker had been taking her same medications for approximately 2 years and it was important to continue for her well-being. The Request for Authorization form was not submitted with the medical records. The retrospective request with date of service 09/17/2013 is for Terocin lotion 250 gm; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS: 9/17/13 TEROGIN LOTION 240GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The retrospective request with date of service 09/17/2013 for Terocin lotion 240 gm is not medically necessary. The injured worker has a history of carpal tunnel syndrome and trigger thumb release. The California Chronic Pain Medical Treatment Guidelines state topical state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend Lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRIs antidepressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The Terocin lotion consists of Lidocaine and menthol. The guidelines do not recommend Lidocaine in any formulation other than a Lidoderm patch. There is a lack of documentation regarding the utilization of this medication as there is not a recent, adequate, and complete assessment submitted within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.