

Case Number:	CM14-0015147		
Date Assigned:	02/28/2014	Date of Injury:	10/03/2012
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family 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:

This injured worker's date of injury is 10/03/2012. The patient is receiving treatment for chronic neck pain with radiculopathy, right shoulder pain, right elbow pain, and right wrist pain. The patient underwent right shoulder surgery in 2012. The patient received chiropractic treatment. The treating physician documented on 12/17/2013 that the patient has persisting neck and right arm pain. On exam there was neck, upper and lower back tenderness with reduced ROM in these same regions. There was decreased sensation in the dermatomes of C5 through C8 on the right. Muscle strength was slightly weak in the left upper extremity. The patient was taking Ketoprofen, Ibuprofen, and Acetaminophen. The physician advised acupuncture treatment for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Topical Analgesics Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. (Argoff, 2006) There is little to no research to support the use of many of these agents. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm[®] 5%) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This patient receives treatment for chronic neck and upper extremity pain. Terocin patches contain Menthol 4% and Lidocaine 4% and is considered to be a compounded topical analgesic. Topical analgesics are considered experimental for the treatment of chronic pain, as their safety and efficacy have not been demonstrated in clinical trials. They are recommended for the treatment of neuropathic pain, when antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthol is not indicated for the treatment of chronic pain. Topical Lidocaine is only medically indicated to treat neuropathic pain in its Lidoderm formulation. The request for Terocin is not medically indicated. The request is not medically necessary and appropriate.