

Case Number:	CM14-0128769		
Date Assigned:	09/05/2014	Date of Injury:	11/02/1996
Decision Date:	10/02/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/12/2014

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:

The patient is a 74-year-old male who has submitted a claim for discogenic lumbar condition with radicular component and facet inflammation, a discogenic cervical condition with facet inflammation and headaches and radicular component and diabetes associated with an industrial injury date of November 2, 1996. Medical records from 2006 through 2014 were reviewed, which showed that the patient complained of neck, low back, and right lower extremity pain. Pain was reported to shoot down the legs with numbness and weakness associated in the lower extremities. Examination revealed tenderness of the lumbosacral junction, decreased neck motion, and positive facet loading. Treatment to date has included surgery, medications, TENS, physical therapy, and gym membership. There is no evidence that the patient had tried Terocin patch before. Utilization review from July 26, 2014 denied the request for Terocin patches #30 and Lidopro cream #1. The request for Terocin was denied because the guidelines do not recommend its use. The request for Lidopro cream was denied because one of its components, capsaicin, was not recommended as the patient was not intolerant of other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Salicylates, Topical

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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). 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 pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient presented with symptoms consistent with neuropathy such as low back pain that shoots down the lower extremities and associated with numbness and weakness. However, there is no evidence that the patient had already tried one of the first-line therapeutic options. Guideline criteria were not met. Therefore, the request for Terocin patches #30 is not medically necessary.

Lidopro cream #1: 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 111-113; Salicylate topical, page 105; Capsaicin topical, page 28 Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. 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 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 topicals are significantly better than placebo in chronic pain. Regarding, the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Lidocaine is not recommended for topical applications. In this case, patient has been prescribed Lidopro 1cream. However, certain component of this compound, i.e., Lidocaine and capsaicin 0.0325%, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidopro cream #1 is not medically necessary.

