

Case Number:	CM14-0159924		
Date Assigned:	10/03/2014	Date of Injury:	03/03/2009
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 is a 63-year-old male with a 3/3/09 date of injury; the mechanism of the injury was not described. The patient was seen on 7/24/14 for the follow up visit. The patient stated that he was disabled without his stimulator and that stimulator decreased his pain of 50% and that without the stimulator his pain level was 9/10. Exam findings revealed decreased range of motion in the lumbar spine. The patient was using a cane. There were sensory deficits in the left leg over the L5 and S1 dermatomes noted. The ankle reflexes were absent on the left and there was motor weakness in the left ankle with partial left foot drop. The patient had motor weakness of the left knee and weak flexion of the left hip. There was tenderness in the lumbar facets and sacroiliac joints bilaterally. The patient was noted to be on Celebrex, Terocin patch, Monarch cream, Trazodone and Ambien. The diagnosis is multilevel lumbar degenerative disc disease with radiculopathy, lumbar facet and sacroiliac joint arthropathy, status post patellar fracture, right knee pain and lumbago. Treatment to date: medications, Terocin patch, Monarch cream, work restrictions, spinal cord stimulator and physical therapy. An adverse determination was received on 9/22/14 given that the patient was on multiple medications including Norco, Prilosec and Celebrex and the Guidelines supported topical medications only if the patient had significant side effects to oral medications or was unable to tolerate oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% lidocaine patch Type: topical Analgesic Route: topical Monarch pain cream Type: topical compound Analgesic Route: topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch ;Terocin Patch Page(s): 112;25,28,111-113.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. CA MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states 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). CA MTUS and ODG do not address Monarch compound pain cream and the ingredients of the cream were not specified. CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The progress notes indicated that the patient was utilizing Terocin patch and Monarch pain cream at least from 9/10/13 however, there is a lack of documentation indicating subjective functional gains from the prior use. In addition, there is a lack of documentation indicating that the patient tried and failed first-line therapy oral medications for neuropathic pain. Lastly, the specific ingredients of the Monarch compound cream were not provided and the Guidelines do not support Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, muscle relaxants, Gabapentin and other antiepilepsy drugs for topical applications. Therefore, the request for Terocin 4% lidocaine patch Type: topical Analgesic Route: topical Monarch pain cream Type: topical compound Analgesic Route: topical was not medically necessary.