

Case Number:	CM14-0172398		
Date Assigned:	10/23/2014	Date of Injury:	03/17/2014
Decision Date:	11/28/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 34-year-old male patient who sustained an industrial injury on 03/17/14. The mechanism of injury occurred when the patient was pulling an overweight package onto a hand truck. He was diagnosed with chronic low back pain and lumbar disc displacement. Previous treatment has included physical therapy, work hardening program, a home exercise program, muscle relaxants and nonsteroidal anti-inflammatories. An MRI of the lumbar spine performed on 07/18/14 revealed mild to moderate canal stenosis at L4-5 and neural foraminal narrowing at L3-4 and L5-S1. On 09/20/14, a request for Terocin Lotion (20% Methyl Salicylate, 10% Menthol, 0.25% Capsaicin, 2.5% Lidocaine) for the lumbar spine was non-certified. The reviewing physician noted that the patient had been using this cream for an extended period of time, but there was no documentation of clinical efficacy the medication also contains topical lidocaine, which is only recommended in the formulation of a Lidoderm patch. This medication also contains capsaicin which is only indicated when the patient has not responded to or is intolerant to other treatments. The most recent progress report provided with this review is dated 10/08/14 and notes that the patient presented for follow-up of low back pain rated at 5/10. He reports episodes of pain that wake him from sleep. Low back pain is aggravated with flexion of the lumbar spine and reaching. He has completed his last physical therapy sessions and found it helpful to reduce his pain. Current medications include Fexmid 7.5 mg one tablet as needed for pain and muscle spasm (he usually uses this during episodes of pain) and Anaprox 550 mg as needed. He has also tried Epsom salt baths, which has helped ease the pain. Physical examination revealed lumbar flexion to 80 and extension to 10 with low back pain over the midline from L4-S1. Side bending to the left is 20 and to the right is 15 with increasing low back pain. Rotation with extension bilaterally is 15, both eliciting low back pain. He is tender to palpation over the midline at L5 and over the left SI joint. Motor strength is 5/5 in the bilateral

lower extremities. He is able to heel and toe walk. Reflexes are 2. Seated straight leg raise test bilaterally is to 90 and pain-free. Treatment recommendations were for participation in a functional restoration program and the patient was to continue use of Anaprox, Fexmid, and Terocin Lotion, as well as continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion (20% Methyl Salicylate, 10% Menthol, 0.25 % Capsaicin, 2.5% Lidocaine) for lumbar spine: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS regarding topical analgesics states "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...Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin lotion contains lidocaine and capsaicin. Per the California MTUS guidelines, topical lidocaine is only supported as a dermal patch. The patient is not noted to be intolerant to oral medications. Topical lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)," per the California MTUS. Capsaicin is only supported when a patient has failed other first-line treatments, which is not documented in this case. Frequency of dosing is not specified in their request. Therefore, the request for Terocin Lotion (20% Methyl Salicylate, 10% Menthol, 0.25% Capsaicin, 2.5% Lidocaine) for the lumbar spine is not medically necessary and is non-certified.