

Case Number:	CM14-0037075		
Date Assigned:	06/25/2014	Date of Injury:	05/21/2011
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old female with a reported date of injury on 05/21/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses included left knee contusion, left knee degenerative joint disease, left knee chondromalacia of the patella, left knee synovitis and popliteal cyst, and left knee lateral gastrocnemial bursitis. Her previous treatments were noted to include; medications, exercise, therapy and corticosteroid injections. The progress note dated 01/27/2014 revealed the injured worker complained of left knee and lower back pain. The injured worker revealed in regards to her low back, she noted more frequent acute exacerbations, which she attributed to altered gait/biomechanics due to her left knee contusion. The injured worker was utilizing Hydrocodone 10/325mg which allowed her to be able to do the laundry and household work. The physical examination revealed the left knee was in a knee brace and had a painful range of motion. There was crepitus upon passive ranging and positive McMurray's on the left. The physical examination of the low back had tenderness to palpation over the L5-S1 joints bilaterally and decreased range of motion in all planes. The FABER's test was positive bilaterally. The neurologic examination revealed motor strength and sensation were intact in the upper and lower extremities. The provider reported X-rays of the left knee dated 04/04/2012 revealed severe degenerative joint disease. The Request For Authorization form dated 01/27/2014 was for Terocin pain relief lotion, 4 ounces, and Medrox patches. 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 Terocin Pain Relief lotion 4 oz #1 dispensed 1/27/14: 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(s): 111-112.

Decision rationale: Terocin consists of both Lidocaine and menthol. The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled 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 with 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 for use. The guidelines recommend Lidocaine for neuropathic pain. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of first line therapy. Topical Lidocaine, in a 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 guidelines do not recommend topical Lidocaine for non-neuropathic pain. Additionally, the formulation of Lidocaine in a Terocin lotion is not indicated by the guidelines and the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Retrospective Medrox Patches box #1 dispensed 1/27/14: 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(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized 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 for use. The guidelines state Capsaicin is recommended only as an option in patients who have not responded or are intolerant of the treatments. Medrox patches consist of Methylsalicylate 5%, Menthol 5%, and Capsaicin 0.0375%. The guidelines recommended that the formulation of the Capsaicin is generally 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia, diabetic neuropathy and post mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin, and there is no current education that this increase in formulation would provide any further efficacy. Additionally, the request failed to

provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.