

Case Number:	CM14-0054690		
Date Assigned:	07/07/2014	Date of Injury:	03/22/2013
Decision Date:	08/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This is a 53-year-old male with a 3/22/13 date of injury. The mechanism of injury was not provided in this review. According to a 1/24/14 progress report, the patient complained of constant pain and swelling. He has a new brace and is performing physical therapy two times a week. Physical exam findings include significant visible quadriceps atrophy on the right with ROM at 0-85 degrees. After 85 degrees, the pain became so severe that the ROM examination could not be further examined. Diagnostic impression: severe atrophy of right quadriceps, post operative right quadricep tendon rupture. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/20/14 denied the requests for Terocin patches and Terocin lotion. Guidelines recommend topical lidocaine for neuropathic pain after there has been evidence of a trial of first-line therapy medications. It is also not recommended for non-neuropathic pain. Available medical records are not specific as to previous trials of medications for this patient's symptoms or that topical medications have or have not benefitted this patient in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: 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 (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. There is also no documentation of the number of patches being requested. Furthermore, the patient is requesting Terocin lotion, which could increase the risk of lidocaine toxicity. Therefore, the request for Terocin patches was not medically necessary.

Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. Lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. Additionally, the patient is requesting Terocin patches, which could increase the risk of lidocaine toxicity. Furthermore, the quantity of medication requested was not noted. A specific rationale identifying why Terocin lotion would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Terocin lotion was not medically necessary.