

Case Number:	CM14-0061374		
Date Assigned:	07/09/2014	Date of Injury:	07/06/2009
Decision Date:	09/17/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 52-year-old female who has submitted a claim for wrist sprain associated from an industrial injury date of July 6, 2009. Medical records from 2013-2014 were reviewed. The patient complained of wrist pain in his left hand. The patient is status post repair of rupture of the extensor pollicis longus in 2010. Physical examination revealed tenderness along the wrist joint. Motion is 50% normal and her grip is affected. Treatment to date has included oral anti-inflammatory medications and analgesics and surgery. Utilization review from April 9, 2014 denied both requests for Terocin patches #30 and LidoPro cream #2 bottles because according to the guidelines, neither are recommended.

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 medications.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines: Lidocaine patch, pages 56-57 and on the Non-MTUS Official Disability Guidelines (ODG) Pain, Topical salicylates. The Expert Reviewer's decision rationale: Terocin patch contains Lidocaine and menthol. As stated in the CA MTUS, "Topical Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica)." Regarding the menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines state that the "FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. In this case, the medical records submitted for review failed to show the indication and duration of Terocin patch use, or objective evidence of functional benefits derived from its use." There is also no evidence of previous trials with first-line anti-depressants or anti-epileptics drugs. The medical necessity was not established. Therefore, the request for Terocin patches #30 is not medically necessary.

Lidopro cream #2 bottles: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113 and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, and Topical Salicylate. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy." The guidelines also state that "any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment 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 Official Disability Guidelines state 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 that "salicylate topical analgesics are significantly better than placebo in chronic pain." Regarding the Capsaicin component, CA MTUS states that "topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications." In this case, there is no documentation to show that patient has been using LidoPro before this request. Furthermore, the compounded medication contains Lidocaine and capsaicin in 0.0325% formulation that are not recommended for topical use. Therefore the request for LidoPro cream #2 bottles is considered not medically necessary.

