

Case Number:	CM14-0065026		
Date Assigned:	07/11/2014	Date of Injury:	09/20/2012
Decision Date:	10/02/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/08/2014

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 and 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 49-year-old male who reported an injury on 09/20/2012. The mechanism of injury was not provided in the medical records. His diagnoses include capsulitis of the left fourth metatarsal phalangeal joint secondary to dislocation; hammertoe with status post left fourth toe partial bone removal and capsulotomy of the left fourth metatarsal phalangeal joint; and status post left fifth toe partial amputation. His past treatments were noted to have included left foot surgery, use of postoperative shoes, work restrictions, and medications. On 01/21/2014, the injured worker was seen for a postoperative followup with complaints of left foot pain rated 3/10. It was noted that he reported 90% improvement overall since his surgery on 10/18/2013. His medications were noted to include hydrochlorothiazide, lisinopril, and simvastatin. The treatment plan included continued use of his functional foot orthotics, ice applications as necessary, and a 1 month supply of Terocin cream and Medrox patches to be applied to the foot. The rationale for the recommended topical analgesics was not provided. The Request for Authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective New Terocin Medrox Patches (duration/ frequency unknown) dispensed on 01/21/2014 for treatment of left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 105, 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that topical compounded products that contain at least 1 drug that is not recommended are also not recommended. Terocin cream is noted to include methyl salicylate, menthol, capsaicin, and lidocaine. Medrox patches contain methyl salicylate, menthol, and capsaicin. In regard to methyl salicylate, the guidelines state that topical salicylates have been shown to be more effective than placebo for chronic pain and are recommended. In regard to capsaicin, the guidelines state that capsaicin may be recommended for patients who have been nonresponsive or intolerant to other treatments. However, the guidelines also state that capsaicin in a formulation of 0.025% has not been shown to be more effective and is not recommended. In regard to lidocaine, the guidelines state that lidocaine is only recommended in the formulation in the brand name Lidoderm patch in the treatment of neuropathic pain and other commercially available formulations of lidocaine are not recommended at this time. The clinical information submitted for review indicates that the injured worker has left foot pain. However, there is insufficient documentation specifying a neuropathic type pain. In addition, there was no documentation indicating that he had tried and failed an adequate course of antidepressants or anticonvulsants prior to being recommended for topical analgesics. In addition, there was no documentation indicating that he had been nonresponsive or intolerant to other treatments in order to warrant the use of capsaicin. The Medrox patches were noted to include the 0.0375% formulation of capsaicin, which exceeds the recommendation by the guidelines for formulations not to exceed 0.025%. Therefore, while the guidelines support use of topical salicylates, which is contained in each topical analgesic, as the Terocin cream contains capsaicin and lidocaine, which are not supported, it is also not supported. In addition, as the Medrox patches contain capsaicin in the 0.0375% formulation, it is also not supported. For the reasons noted above, the requested topical analgesics are not medically necessary.