

<b>Case Number:</b>	CM14-0070703		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

The injured worker is a 52-year-old female with a reported date of injury of 05/02/2012. The mechanism of injury reportedly occurred when the work was performing her duties as a mammographer, and an obese woman slipped and fell injuring the worker. The injured worker presented with lower back pain and right lower extremity pain, rated at 2/10. The injured worker received a right piriformis and sacroiliac joint injection on 03/06/2014. The clinical documentation indicated the injured worker returned to work full-time. The physical exam revealed no tenderness over the right greater trochanter. The injured worker had full strength in the lower extremities, with decreased sensation in the right anterior thigh. Previous conservative care includes yoga and a home exercise program as well as epidural steroid injections. The injured worker's diagnoses included L5-S1 disc disease, disc bulge and an annular tear with an EMG-defined chronic bilateral L4 radiculopathy, right SI joint dysfunction, cyclic neutropenia and right piriformis spasm. The clinical note dated 01/23/2014 indicated the injured worker's medication regimen included Zanaflex, Motrin and gabapentin. The clinical note dated 03/27/2014 indicated the injured worker declined oral medications and was dispensed Methoderm. The request for authorization for Terocin lotion, Protonix 20 mg, Orudis 50 mg, Methoderm and Medrox patches was submitted on 05/15/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion:** 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 California MTUS Guidelines recommend topical analgesics as indicated. Although largely experimental in use, with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches include lidocaine and menthol. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. The FDA for neuropathic pain has designated topical lidocaine in the formulation of a dermal patch for orphan status. No other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was not enough documentation of therapeutic and functional benefit in the use of Terocin lotion. The clinical information does not have documentation related to the use and subsequent failure with a trial of antidepressants or anticonvulsants. In addition, the guidelines do not recommend topical lidocaine, outside of the formulation of a Lidoderm patch. The request as submitted did not provide for a specific site at which the lotion was to be utilized. Therefore, the request for Terocin lotion is not medically necessary.

**Protonix 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines recommend injured workers with an intermediate risk for gastrointestinal events and no cardiovascular risk, utilize nonselective NSAID with either a PPI (proton pump inhibitor, for example, 20 mg omeprazole or a COX-2 selective agent). Long-term PPI use has been shown to increase the risk of hip fracture. To determine if an injured worker is at risk for gastrointestinal events, the documentation should include that the injured worker is greater than 65 years of age; has a history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids and/or an anticoagulant; or high dose, multiple NSAID use. There is no documentation related to the injured worker's risk or signs and symptoms of gastrointestinal events. In addition, the clinical note dated 03/27/2014 indicates that the injured worker declined oral medications. The request as submitted did not provide the frequency and directions for use. Therefore, the request for Protonix 20 mg is not medically necessary.

**Orudis 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Procedure Summary (last updated 04/10/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**Decision rationale:** The official California MTUS Guidelines recommend salicylate topicals are significantly better than placebo in chronic pain. In addition, the guidelines recommend topical analgesics as indicated. Although largely experimental in use, with few randomized controlled trials to determine the effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information provided for review lacks documentation related to the failure of anticonvulsants or antidepressants. According to the clinical note dated 03/27/2014, the injured worker rates her pain at a 2/10. There is not enough documentation related to the utilization of Mentherm, or the rationale for the addition to the injured worker's medication regimen. In addition, the request as did not provide the specific site at which the Mentherm was to be utilized. Therefore, the request for Mentherm is not medically necessary.

**Mentherm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals & Topical Analgesics Page(s): 105 & 111.

**Decision rationale:** The official California MTUS Guidelines recommend salicylate topicals are significantly better than placebo in chronic pain. In addition, the guidelines recommend topical analgesics as indicated. Although largely experimental in use, with few randomized controlled trials to determine the effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information provided for review lacks documentation related to the failure of anticonvulsants or antidepressants. According to the clinical note dated 03/27/2014, the injured worker rates her pain at a 2/10. There is a lack of documentation related to the utilization of Mentherm, or the rationale for the addition to the injured worker's medication regimen. In addition, the request as submitted failed to provide for the specific site at which the Mentherm was to be utilized. Therefore, the request for Mentherm is non-certified.

**Medrox Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals & Topical Analgesics Page(s): 105 & 111.

**Decision rationale:** Medrox patches contain methyl salicylate, menthol and capsaicin 0.0375%. The California MTUS Guidelines recommend salicylate topicals. In addition, the California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use, with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are 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. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines recommend capsaicin only as an option in injured workers who have not responded to or who are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further effectiveness. In addition, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation provided for review indicates that the injured worker has rated her pain at a 2/10. There is not enough documentation related to the use of Medrox patches and/or the ongoing therapeutic benefit. In addition, the guidelines do not recommend capsaicin at a 0.0375% formulation. Furthermore, the request as submitted did not provide the specific site and directions for the use of Medrox patches. Therefore, the request for Medrox patches is not medically necessary.