

Case Number:	CM14-0089489		
Date Assigned:	07/23/2014	Date of Injury:	12/22/1999
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Management and is licensed to practice in Tennessee. 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 case of a 48-year old female who has submitted a claim for Chronic lumbar strain; complete loss of L5-S1 disc space with bilateral pars defect, status post foraminotomy, L5-S1 bilaterally; neuroforaminal stenosis secondary to posterior facet disc complex, L4-5; status post anterior lumbar interbody fusion, L4-5 and left shoulder sprain/strain associated with an industrial injury date of 12/22/1999. Medical records from 2014 were reviewed and showed that the patient has constant slight intermittent moderate and occasional severe back pain which radiates down the left lower extremity to the foot. The patient indicates pain used to radiate to her knee, however, since the fall pain radiates all the way down to her foot. She notes numbness and tingling of the middle and lower aspect of her low back and right foot. She indicates her left foot feels "as if fell asleep". She notes stiffness and tightness of her lower back and burning sensation at the lowest part of her lower back. She notes pain radiates down the right lower extremity to the foot. She complains of the intermittent moderate and occasionally severe right foot pain, swelling and, pain intensity which increases with cold weather and prolonged activities. She states her left shoulder feels worse since she fell four days ago. She is unable to get dressed on her own due to limited mobility due to pain. She notes stiffness and tightness of her left upper extremity and she is unable to brush her hair. Physical examination, examination of the lumbar spine reveals flexion is 30 degrees. Extension is 5 degrees. There is pain elicited with ROM. Deep tendon reflexes are decreased on bilateral patellar and Achilles tendon reflexes. Gross motor strength of the lower extremities reveals dorsiflexion is 4/5 on the left, 5/5 on the right. Examination of the left shoulder reveals 5 degrees flexion and abduction secondary to weakness of the left arm. Treatment to date has included surgical intervention, physical therapy, and medications such as Lorcet, Valium, Soma, and Terocin. A utilization review dated

5/30/2014 denied the request for Terocin because there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Topical Salicylate, two tubes of 120ml each: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical analgesics; Salicylate, topicals; Lidocaine Page(s): 28-29, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, topical salicylates.

Decision rationale: According to page 111 of the CA MTUS Treatment Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains 4 active ingredients: capsaicin, lidocaine, menthol, and methyl salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Regarding the Lidocaine component, page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It is not recommended in non-neuropathic pain. Regarding the methyl salicylate component, CA MTUS states on page 105 that salicylate topical is significantly better than placebo in chronic pain. However, according to the ODG Guidelines topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, there was no documentation of failure or intolerance to oral pain medications (tri-cyclic or SNRI anti-depressants or an AED) that would warrant topical preparation. In addition, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains lidocaine that is not recommended for topical use. The medical necessity has not been established. Therefore, the request for Terocin Topical Salicylate, two tubes of 120 ml each is not medically necessary.