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| Case Number: | CM14-0167999 | | |
| Date Assigned: | 10/15/2014 | Date of Injury: | 07/01/2005 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia. 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 58 year old female sustained a work related injury on 07/01/2005. The mechanism of injury was not made known. Progress reports submitted for review included dates 04/24/2014-12/30/2014. As of a progress report dated 04/24/2014, the provider noted that the injured worker was unable to use oral anti-inflammatories but had significant relief with her lidocaine patch. On 07/07/2014, the injured worker underwent bilateral C6-C7 and C7-T1 medial branch blocks, intraoperative fluoroscopy, and needle localization x 6 sites. An MR of the lumbar spine dated 09/18/2014 revealed facet arthropathy seen at multiple levels with minimal grade 1 anterolisthesis at L3-4 and L4-5. There was no significant spinal canal stenosis or nerve root impingement. As of a progress report dated 09/25/2014 objective findings included tenderness in the lumbar paraspinal muscles and facet joint tenderness. Straight leg raise was provocative for low back and shooting pain down the left leg 25 degrees. Diagnoses included lumbar spondylosis, lumbar myofascial pain, cervical spondylosis, and carpal tunnel syndrome and right upper extremity neuritis. The treatment plan included continuance of a home stretching exercise program, continued psychological counseling and oxycodone. OxyContin was noted to be too strong for the injured worker. As of the most recent progress report dated 12/30/2014, the injured worker was status post right basal joint arthroplasty and multiple trigger finger releases. She was also being treatment for carpal tunnel syndrome. She reported significant worsening in her bilateral carpal tunnel symptoms in spite of splint utilization, therapy and analgesics. She was unable to use oral-anti-inflammatories due to her hypertension. Physical examination showed positive Tinel, positive Phalen and positive compression bilaterally. She continued to have typical stigmata of diffuse bilateral hand osteoarthritis and significant postoperative stiffness on the right side. She was able to make a fist with the fingertips with 55 millimeters of touching her

palm. Electrodiagnostic studies were recommended due to continued worsening paresthesias. Renewal of therapy was recommended due to worsening stiffness since her last therapy. According to the provider, the injured worker will check with her primary care physician regarding the possibility of adjusting her dose of anti-hypertensives so that she may avail herself of oral anti-inflammatories. On 10/08/2014, Utilization Review non-certified Terocin patch; unspecified quantity and Methoderm cream (Rx 10/24/2013). According to the Utilization Review physician MTUS Guidelines precludes approval of medication which does not include proper prescribing guidelines including dose scheduling and quantity of medication to be dispensed. As there is no quantity of medication to be dispensed specified the request for Terocin patch was denied. Methoderm cream is a non-specific skin cream used for certain skin conditions and is not guideline supported for the long term treatment of neuropathic pain. Methoderm cream was not medically justified and was therefore denied. MTUS Chronic Pain Treatment Guidelines for topical analgesics pages 111-113 were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch of unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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, Compound Creams

Decision rationale: Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. MTUS states the only lidocaine formulation approved for topical use in neuropathic pain is the lidocaine patch. Regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally, the requested prescription does not specify the quantity requested. The prescription for Terocin patch of unspecified quantity is deemed not medically necessary.

Methoderm Cream: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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, Compound creams

Decision rationale: Methoderm is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do state that the individual has tried Neurontin and Tizanidine (both anticonvulsants) and Cymbalta (an antidepressant). MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) The individual continued to have pain despite a failure of the first-line recommended medication, Neurontin, Tizanidine and Neurontin. Therefore, Methoderm cream is deemed medically necessary.