MAXIMUS Federal Services

Case Number:	CM14-0186925		
Date Assigned:	11/14/2014	Date of Injury:	09/30/2005
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 applicant is a represented [redacted] employee who has a claim for chronic hand pain reportedly associated with an industrial injury of September 30, 2005.In a Utilization Review Report dated October 20, 2014, the claims administrator collectively modified request for Terocin cream, Medrox patch and Medrox gel as an over-the-counter topical salicylate formulation of each of the drug at issue.The applicant's attorney subsequently appealed.In an October 20, 2014 progress note it was acknowledged that the applicant was not working owning to previous complaints of pain and numbness about the hand. Electrodiagnostic testing was performed, which was apparently notable for moderate right-sided carpal tunnel syndrome.In an October 6, 2014 progress note, the applicant reported ongoing complaints of hand pain. The applicant was using Lyrica, Protonix, Percocet rarely, Inderal, and Norflex. The applicant was off of all NSAIDs, it was stated. Stellate ganglion blocks were pursued for purported complex regional pain syndrome. Electrodiagnostic testing, hand therapy and Norflex, omeprazole, Lyrica, and Percocet were endorsed. An earlier denial of topical Terocin was apparently appealed.On September 11, 2014, it was suggested that the applicant had developed issues with gastritis secondary to NSAID medication consumption. The applicant was discontinuing all NSAIDs and employ Zofran, Maalox, Percocet, Protonix, and topical Terocin solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.drugs.com/pro/terocin.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine section Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of lidocaine and menthol patches. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been trial of first line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Lyrica, a first line oral anticonvulsant adjuvant medication effectively obviates the need the lidocaine-containing Terocin cream. Therefore, the request was not medically necessary.

Mentoderm Gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105. Decision based on Non-MTUS Citation drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate topic Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topical such as Menthoderm are recommended in the treatment of chronic pain as is present here. The attending provider, furthermore, did posit that the applicant had issues with intolerance to oral NSAIDs, such as Naprosyn. Provision of a topical salicylate, Menthoderm, was therefore indicated on or around the date in question. Therefore, the request was medically necessary.

Medrox Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Medrox Medication Guide

Decision rationale: Medrox, per the National Library of Medicine (NLM) is an amalgam of methyl salicylate, menthol, and capsaicin. While page 128 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledged that the capsaicin is recommended as an option in applicants who have not responded to oral or are intolerant of other treatments, in this case,

however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Percocet, Lyrica, Norflex, etc., effectively obviated the need for the capsaicin-containing Medrox patch. Therefore, the request was not medically necessary.