

Case Number:	CM14-0187333		
Date Assigned:	11/17/2014	Date of Injury:	03/05/1998
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
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 Internal 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 patient is an injured worker with hypertension and neck and left upper extremity complaints. The date of injury was 3/5/1998. The progress report dated 4/2/2014 documented a blood pressure of 176/106. The progress report dated 10/6/2014 documented that the patient complained of severe migraines, involving the cervical region, radiating to face, associated with nausea, vomiting, and photophobia. She complained of neck and left upper extremity pain, and trapezius spasm. Medication regimen included Fentanyl, Nortriptyline, Lyrica, and Topiramate. Objective findings included mild distress, left upper extremity allodynia, and left levator scapulae muscle tenderness with spasm. She has a history of left upper extremity CRPS complex regional pain syndrome with radiation to posterior chest wall, left supraspinatus and subscapularis rotator cuff partial tears with SLAP superior labrum anterior and posterior tear, moderate acromioclavicular arthritis and impingement, history of myofascial pain syndrome, and left peroneal entrapment with foot drop. She was diagnosed with migraine headaches, short lasting unilateral neuralgia from headache attack with conjunctival injection and tearing, anxiety, sleep dysfunction, chronic pain, reactive depression, and hypertension. The treatment plan included request for Terocin and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Terocin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs) Capsaicin, topical Page(s): 1. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/terocin.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Terocin is a topical analgesic, containing Methyl Salicylate, Capsaicin, Menthol and Lidocaine Hydrochloride. Medical records document a diagnosis of hypertension. The progress report dated 4/2/2014 documented a blood pressure of 176/106. Medical records do not present recent blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. Methyl salicylate is a NSAID. The progress report dated 10/6/2014 documented that the medication regimen included Fentanyl, Nortriptyline, Lyrica, and Topiramate. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Capsaicin or Methyl Salicylate, which are active ingredients in Terocin. Therefore, the request for 1 Prescription for Terocin cream is not medically necessary.

1 Prescription for Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs non-steroidal anti-inflammatory drugs, Capsaicin, topical Page(s): 11. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/terocin.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Terocin is a topical analgesic, containing Methyl Salicylate, Capsaicin, Menthol and Lidocaine Hydrochloride. Medical records document a diagnosis of hypertension. The progress report dated 4/2/2014 documented a blood pressure of 176/106. Medical records do not present recent blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. Methyl salicylate is a NSAID. The progress report dated 10/6/2014 documented that the medication regimen included Fentanyl, Nortriptyline, Lyrica, and Topiramate. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Capsaicin or Methyl Salicylate, which are active ingredients in Terocin. Therefore, the request for 1 Prescription for Terocin patch is not medically necessary.

1 Prescription for Medrox patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, NSAIDs (non-steroidal anti-inflam. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/medrox-rx-ointment.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Medrox is a topical analgesic, containing Capsaicin 0.0375%, Methyl Salicylate 5%, and Menthol 5%. Medical records document a diagnosis of hypertension. The progress report dated 4/2/2014 documented a blood pressure of 176/106. Medical records do not present recent blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. Methyl salicylate is a NSAID. The progress report dated 10/6/2014 documented that the medication regimen included Fentanyl, Nortriptyline, Lyrica, and Topiramate. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Capsaicin or Methyl Salicylate, which are active ingredients in Medrox. Therefore, the request for 1 Prescription for Medrox patch is not medically necessary.