

Case Number:	CM14-0194219		
Date Assigned:	12/02/2014	Date of Injury:	11/29/2004
Decision Date:	02/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 56-year-old female who reported an injury on 11/29/2004. The injured worker as noted to be utilizing topical compounds as of 06/2013. The injured worker's diagnoses included diabetes and gastroesophageal reflux. The injured worker was noted to have right knee and ankle surgery in the past. The documentation of 08/04/2014 revealed the injured worker had subjective complaints of frequent left elbow pain. The injured worker was noted to be taking oral and topical medication with no side effects. Pain without medications was 9/10. The topical creams and patches decreased pain and the injured worker was noted to be able to walk longer, sit longer, and increase sleep. The injured worker as noted to have GI symptoms and was utilizing topicals with benefit. The injured worker was noted to be utilizing a TENS unit. The physical examination of the left elbow revealed range of motion 110 degrees in flexion and 0 degrees of extension along with 70 degrees of pronation and supination. The injured worker had tenderness in the lateral epicondyle. The diagnosis included left elbow sprain/strain. The documentation indicated the injured worker was status post knee and ankle surgery. The treatment plan included a TENS unit with supplies, Terocin patches, Methoderm gel, Xolido, Theramine, Sentra AM and PM, and GABAdone. Additionally, the injured worker was noted to need a topical compounded medication of Terocin 120 mL, flurbinap cream, gabacyclotram, Genocin, and Somnicin. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin compound cream #120 milliliters: Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Lidocaine, Page(s): 105,111, 28,112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review indicated the injured worker was utilizing a Terocin patch. There was a lack of documentation indicating a necessity for both a Terocin patch and a Terocin topical cream. There was a lack of documentation indicating the injured worker had trialed and failed antidepressants and anticonvulsants. There was documentation the injured worker could not utilize oral medications due to GI side effects. The injured worker's objective pain relief was not noted. Additionally, the ingredient lidocaine is not recommended except in the form of Lidoderm patches. The injured worker was noted to be utilizing multiple topical ointments and there was a lack of documented rationale for the necessity for multiple topical ointments/cremes. The request as submitted failed to indicate the frequency for the requested medication. The request for a retrospective review failed to indicate the date of the request. Given the above, the retrospective Terocin compound cream #120 mL; capsaicin 0.025%, methyl salicylate 25%, menthol 10%, and lidocaine 2.5% is not medically necessary.