

<b>Case Number:</b>	CM14-0196156		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 48 year old patient with date of injury of 09/16/2011. Medical records indicate the patient is undergoing treatment for lumbar spine strain/sprain and status post right hip labral tear surgery. Subjective complaints include worsening low back and right hip pain; low back pain is described as constant and moderate with radicular pain to right lower extremity and numbness and tingling. The patient's low back pain is rated 6/10; right hip pain described as severe and constant, rated 8/10. Objective findings include lumbar range of motion - flexion 20 degrees, extension 5, right lateral flexion 5, left lateral flexion 5; right hip range of motion - flexion 30 degrees, extension 25, abduction 35, adduction 20, internal rotation 30 and external rotation 40. An MRI, completed on an unknown date, which revealed a macerated labrum with evidence of previous surgical repair and some edema along the acetabular rim. Treatment has consisted of hip arthroscopy, physical therapy, rest, activity modifications, ultrasound guided Marcaine injection, Ambien, Xanax, Terocin Pain Patch, Menthoderm Gel, Xalido cream, Flurbi Cream, Gabacyclotram, Genicin and Somnicin. The utilization review determination was rendered on 11/18/2014 recommending non-certification of Terocin Patch #20, Menthoderm Gel 120ml and Xolido Cream 2% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #20:** Upheld

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

**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:** MTUS and ODG recommend 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 not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." 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. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states 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." As such, the request for Terocin Patch #20 is not medically necessary.

**Methoderm Gel 120ml:** Upheld

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

**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/Thera-Gesic 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 not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." 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) See also Topical analgesics; & Topical analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." In this case, the treating physician does not document the failure of first line treatments. As such, the request for Methoderm Gel 120ml is not medically necessary.

**Xolido Cream 2% 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and 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 not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." ODG also states that topical Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding Lidocaine, "Neuropathic pain 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)." MTUS indicates Lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and Lidocaine is also not indicated for non-neuropathic pain. 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. As such, the request for Xolido Cream 2% cream is not medically necessary.