

Case Number:	CM14-0196313		
Date Assigned:	12/04/2014	Date of Injury:	03/22/2013
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	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 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 employee who has filed a claim for chronic neck, shoulder, and arm pain reportedly associated with an industrial injury of March 22, 2013. In a Utilization Review Report dated October 24, 2014, the claims administrator denied requests for topical Terocin and Lidoderm patches. The claims administrator stated that its decision was based on progress notes and RFA forms of May 8, 2014 and October 8, 2014. The claims administrator noted that the applicant had undergone earlier shoulder surgery. The claims administrator also noted that the applicant had received physical therapy and a TENS unit. The applicant's attorney subsequently appealed. In said October 8, 2014 progress note, the applicant reported ongoing complaints of wrist, arm, and shoulder pain. The applicant was using topical analgesics and a TENS unit. Acupuncture, massage therapy, and chiropractic therapy were reportedly sought. Terocin patches, TENS unit pads, and LidoPro lotion were endorsed. The applicant was not currently working, the attending provider acknowledged. The applicant was seemingly kept off of work while Terocin and LidoPro were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

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

Decision rationale: Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the secondary ingredient in the compound at issue, is not recommended except in applicants who have not responded to or are intolerant of other treatments. In this case, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin-containing Terocin compound. Therefore, the request was not medically necessary.

Lidopro ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; Functional Restoration Approach to Chronic Pain Management Page(s): 28; 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), LidoPro Medication Guide

Decision rationale: LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the primary ingredient in the compound at issue, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. In this case, there was/is no clear or compelling evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro compound at issue. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, the requesting provider did not outline a clear or compelling basis for provision of two separate capsaicin-containing agents, LidoPro and Terocin. Therefore, the request was not medically necessary.