

<b>Case Number:</b>	CM14-0201329		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 a 53 year old female with a date of injury of 2/12/08. According to the treatment report dated 9/29/14, the patient presents with continued low back pain and right leg pain which she rates as a 5/10 on a pain scale. She is currently utilizing Neurontin 300mg 2 times daily for neuropathic symptoms, and uses Lidoderm patches for the right demur/knee area pain. Physical examination of the lumbar spine revealed decrease range of motion and positive straight leg raise. Strength testing of the lower extremity released normal strength. The right quadriceps showed 4/5 weakness and the right tibialis anterior showed 3/5 weakness. The listed diagnoses are: 1. L4-5, L5-S1 disc protrusions with right L4 radicular pain and weakness 2. Status post ORIF of femur 3. Mild reactive depression Treatment plan was for Topical patch for pain relief in the lower spine, Neurontin and Lidoderm for the right leg pain, TENS unit, pool membership and follow-up in six weeks. The Utilization review non-certified the requests on 11/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Bottles of 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 Lidocaine Page(s): 112.

**Decision rationale:** This patient presents with continued low back pain and right leg pain which she rates as a 5/10 on a pain scale. The current request is for 2 bottles of Terocin Cream. Terocin contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS Guidelines page 112 on topical lidocaine states, "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, the MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in a patch form. In this case, the MTUS guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither lidocaine, nor salicylate is indicated for this patient. The request is not medically necessary.

**Terocin Patch Qty. 30:** 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 rationale:** This patient presents with continued low back pain and right leg pain which she rates as a 5/10 on a pain scale. The current request is for Terocin Patch Qty. 30. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Guidelines support the usage of salicylate topical for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with low back and leg/femur pain for which topical NSAID is not indicated; therefore, rendering the entire compound topical agent invalid. This request is not medically necessary.

**2 Bottles of Methoderm Gel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID Page(s): 111.

**Decision rationale:** This patient presents with continued low back pain and right leg pain which she rates as a 5/10 on a pain scale. The current request is for 2 bottles of Methoderm gel. Methoderm gel contains menthol and methyl salicylate, an NSAID. The MTUS Guidelines page 111 allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. ODG guidelines support Bengay, which contains similar products as Methoderm. It is recommended for acute and chronic pain conditions, particularly osteoarthritis affecting peripheral joints. In this case, the patient does not meet the indication for this medication as she suffers from low back pain and leg/femur pain which are not forms of peripheral arthritis. The request is not medically necessary.

**Medrox Patch Qty. 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 111.

**Decision rationale:** This patient presents with continued low back pain and right leg pain which she rates as a 5/10 on a pain scale. The current request is for Medrox Patch Qty. 30. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medrox patch contains menthol 5g in 100g, capsaicin 0.0375g in 100g. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. Therefore, the request is not medically necessary.