

Case Number:	CM14-0056598		
Date Assigned:	07/09/2014	Date of Injury:	05/06/2000
Decision Date:	04/23/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on May 6, 2000. She reported right shoulder, neck, back, and left knee injury. The injured worker was diagnosed as having cervicobrachial syndrome, bursitis, deQuervain's tenosynovitis. Treatment to date has included medications, physical therapy, and acupuncture. On August 13, 2013, she presents with increased pain in her neck and shoulders. She reports this pain to radiate into the arms. She has continued pain in the low back, and left knee and leg. She reports her pain to be relieved by her current medication regimen, acupuncture, and physical therapy. Current medications are: Celebrex 200mg, Tramadol HCL ER 150mg. The request is for Terocin lotion, and Lidoderm 5% patches, and Econazole Nitrate 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 120 ml.: 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) Pain Chapter, Topical ANalgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Topical Analgesics, pages 111-113.

Decision rationale: Terocin Lotion is a topical analgesic medication that contains the following ingredients: METHYL SALICYLATE 25g in 100mL, CAPSAICIN 0.025g in 100mL, MENTHOL 10g in 100mL, LIDOCAINE HYDROCHLORIDE 2.5g in 100mL. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains multiple substances that are not recommended by MTUS guidelines. One such example is Capsaicin. According to California MTUS guidelines, Capsaicin 0.25% is recommended "only as an option in patients who have not responded or are intolerant to other treatments." The medical records provided do not document intolerance to other potential treatments. This request for Terocin Topical Lotion is not considered medically necessary.

Lidoderm 5% Patches: 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) Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.

Econazole Nitrate 1%: 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) Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684049.html>.

Decision rationale: Econazole is a topical antifungal medication. Antifungal medications are not addressed by MTUS guidelines. The provided documentation does not provide any diagnoses that would necessitate treatment with an antifungal agent. There are no physical exam findings either to support treatment with an antifungal agent. Also, how this is related to a workman's compensation injury is not clear. Likewise, this request for Econazole topical is not considered medically necessary.