

Case Number:	CM15-0000006		
Date Assigned:	01/09/2015	Date of Injury:	12/03/2012
Decision Date:	03/09/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York
 Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on December 3, 2012. He had reported that he was hit in the right lower chest and back by a blade of a moving forklift. The diagnoses have included right pyriformis muscle pain, status post fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, status post positive fluoroscopically-guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block, bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, right sacroiliac joint pain, chronic low back pain and lumbar sprain/strain. Treatment to date has included radiofrequency nerve ablation and medications. Currently, the Injured Worker complains of bilateral low back pain radiating to the right buttock. He also reported aggravated right buttock pain. He is maintaining 80% improvement since receiving the fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation. He reported pain of 7 on the 1-10 pain scale. On December 8, 2014, Utilization Review non-certified LidoPro Lotion 4 ounces quantity of 1 and Terocin Patches quantity of 20, noting the MTUS Guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of LidoPro Lotion 4 ounces and Terocin Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4 ounces: Upheld

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

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches contain methyl salicylate, capsaicin, menthol, and Lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 11-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other

previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.