

Case Number:	CM15-0003281		
Date Assigned:	01/14/2015	Date of Injury:	10/15/2009
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 48 year old male sustained a work related injury on 10/15/2009. According to a letter of medical necessity dated 07/08/2014, the injured worker continued to have chronic aching and burning type pain secondary to traumatic work injuries to the ankle and/or foot. According to the provider they were attempting to eliminate or reduce the use of narcotic medications and in attempt to do that were dispensing Terocin Patches. In doing so, it allowed the injured worker to drive legally and perform work duties and to operate machinery while at work. It would prevent drug dependency, drug withdrawal and need for drug detox, reduce the risk of damage to the kidneys, liver, stomach, vascular system and nervous system. According to a progress report dated 11/12/2014, the injured worker complained of burning pain in dorsal forefoot and erythema. The injured worker was still having trouble sleeping. Lyrica and Gabapentin were noted to cause his psoriasis to proliferate. Diagnoses included crush injury, fracture foot bone and neuropathic pain. Plan of care included H-Wave to stimulate nerves to decrease pain in forefoot, injection of Lidocaine in to the forefoot to decrease pain and Terocin/Lidocaine patches. On 12/22/2014, Utilization Review non-certified Terocin Patches #30 (Lidocaine and Menthol). California MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 were cited. The combination products were not recommended. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30 (Lidocaine and Menthol) Dispensed 11/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: Terocin is a topical multidrug compound, which contains methylsalicylate, Lidocaine, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.