

Case Number:	CM15-0007607		
Date Assigned:	01/22/2015	Date of Injury:	10/05/2005
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female with a reported date of injury on 10/05/2005. The mechanism of injury was apparently the result of doing a lot of overhead reaching and pushing activities related to her job. The injured worker's diagnoses were noted to include bilateral wrist osteoarthritis. Previous therapies were noted to include bilateral carpal tunnel release x2 and postoperative physical therapy. In addition, it was noted the injured worker was also treated with Celebrex and aspirin. Prior diagnostic studies include radiographs taken on 08/08/2014, which were noted to reveal mild arthritis of the bilateral wrists. The only clinical note provided was a progress report dated 08/08/2014, which noted that the injured worker had complaints of bilateral wrist and hand pain, as well as bilateral shoulder pain. On physical examination, it was noted that the injured worker had normal light touch sensation to the nerve distributions of the upper extremity, as well as wrist and hand and had intact motor strength throughout. It was noted that there was positive wrist tenderness during palpation bilaterally. There was no mention of the requested topical lotion within the clinical documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment 120gm (Terocin Lotion): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105;111;28;112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Terocin>.

Decision rationale: Per the Drugs.com website, Terocin lotion is a topical analgesic containing capsaicin, lidocaine, methyl salicylate. According to the California MTUS Guidelines topical analgesics are largely experimental in use; however, may be recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state that any compounded product that contains at least 1 drug or drug class that is not recommended, the entire product is, therefore, not recommended. Further, the treatment guidelines state that capsaicin may be recommended only in patients who have not responded or are intolerant to other treatments. The guidelines also state that topical lidocaine in the form of Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy; however, there is no other commercially approved topical formulations of lidocaine indicated for use. Furthermore, the guidelines recommend treatment with topical salicylates. This requested compounded topical medication cannot be supported. The requested lotion includes non-commercially approved formulation of lidocaine and there is lack evidence within the documentation that the injured worker has neuropathic pain. Furthermore, as this medication contains capsaicin there is no evidence within the documentation that the injured worker has not responded to or is intolerant to other treatment options. In addition, there is no rationale provided within the documentation as to why this compounded medication is being prescribed and there is lack of evidence that first-line medication have been tried and failed. Therefore, the request for Menthoderm ointment 120 gm (Terocin lotion) is not medically necessary.