

Case Number:	CM15-0103158		
Date Assigned:	06/05/2015	Date of Injury:	07/15/2010
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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, Indiana, 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 55 year old male, who sustained an industrial injury on 07/15/2010. The injured worker is currently on total disability and retired. The injured worker is currently diagnosed as having clinically induced neuropathy to bilateral feet secondary to colon cancer treatment with chemotherapy, clinically induced xerotic fissuring, balance instability, high risk for trip and fall due to instability, previous inversion sprains, numbness, dysesthesias, paresthesias, hyperesthesia's, and allodynia, keratotic build up to plantar feet, colon cancer, and brain tumor. Treatment and diagnostics to date has included head/brain MRI, which showed significant increase in size of the right frontal region, cranioplasty, and medications. In a progress note dated 04/24/2015, the injured worker presented with complaints of post chemotherapy neuropathy to bilateral lower extremities. The treating physician reported requesting authorization for Turmeric and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tumeric times 6 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Curcumin (tumeric).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/natural/662.html>.

Decision rationale: Pursuant to Medline plus, turmeric times six bottles is not medically necessary. Tumeric is used for arthritis, dyspepsia, stomach pain, diarrhea, intestinal gas, bloating, and loss of appetite, jaundice, liver problems and gallbladder disorders. Some research shows extracts alone or in combination with other herbal ingredients can reduce pain caused by osteoarthritis. There is insufficient evidence for effectiveness for Alzheimer's disease, eye infections, colorectal cancer, inflammatory bowel disease, diabetes, etc. See the attached link for details. In this case, the injured worker's working diagnoses are clinically induced neuropathy bilateral feet bilateral moccasin distribution secondary to treatment for colon cancer chemo-therapy; balance instability due to neuropathy; previous inversion sprain due to instability and neuropathy; loss of protective sensation; see note dated April 24, 2015 for additional details. The injured worker has taken Tumeric with benefit. There is no objective functional improvement with ongoing Tumeric use. The guidelines however state there is insufficient evidence for effectiveness for colorectal cancer. Consequently, Tumeric is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence- based guidelines, turmeric times six bottles is not medically necessary.

Terocin patches: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patches are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaisin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are clinically induced neuropathy bilateral feet bilateral moccasin distribution secondary to treatment for colon cancer chemotherapy; balance instability due to neuropathy; previous inversion sprain due to instability and neuropathy; loss of protective sensation; see note dated April 24, 2015 for additional details. Terocin contains lidocaine and non-Lidoderm form. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (topical lidocaine and non-Lidoderm form) that is not recommended is not recommended. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Additionally, there is no documentation demonstrating objective functional improvement to ongoing Terocin. Based on clinical information medical record and the peer-reviewed evidence-based guidelines, Terocin patches are not medically necessary. Consequently, Terocin patches are not recommended. Based on clinical information medical record and the peer-reviewed evidence-based guidelines, Terocin patches are not medically necessary.