

Case Number:	CM15-0140741		
Date Assigned:	07/30/2015	Date of Injury:	06/02/2010
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 28-year-old who has filed a claim for chronic foot, ankle, and low back pain reportedly associated with an industrial injury of June 2, 2010. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for topical Terocin patches and LidoPro ointment. The claims administrator referenced an RFA form received on June 13, 2015 in its determination, along with an associated progress note of May 22, 2015. The applicant's attorney subsequently appealed. On said May 22, 2015 progress note, the applicant reported ongoing complaints of low back pain, 5/10. The applicant was using only Tylenol for pain relief, it was stated in one section of the note. The applicant was also receiving acupuncture, it was stated in another section of the note. Somewhat incongruously, the attending provider then reported that applicant was using Terocin patches and LidoPro ointment in the current medication section of the note. The applicant was placed off of work, on total temporary disability. Lumbar MRI imaging was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4-4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROCIN- methyl salicylate, capsaicin, menthol...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: No, the request for topical Terocin patches was not medically necessary, medically appropriate, or indicated here. As noted by the National Library of Medicine (NLM), Terocin is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is not recommended except as a last line agent, for applicants who have not responded to or/are intolerant of other treatments. Here, however, the applicant's ongoing usage of Tylenol, a first-line oral pharmaceutical, effectively obviated the need for the capsaicin-containing Terocin patches in question. Therefore, the request was not medically necessary.

Lidopro Ointment 4.5%-27.5%-0.0325%-10% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and ...DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: Similarly, the request for topical LidoPro ointment was likewise not medically necessary, medically appropriate, or indicated here. As noted by the National Library of Medicine (NLM), LidoPro is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates the topical capsaicin, the secondary ingredient in the compound, is not recommended except as a last line agent, in applicants who have not responded to or intolerant of other treatments. Here, however, the attending provider's report of May 22, 2015 to the effect that the applicant was using and tolerating oral Tylenol, i.e., a first-line oral pharmaceutical, effectively obviated the need for the capsaicin-containing LidoPro ointment in question. Therefore, the request was not medically necessary.