

Case Number:	CM15-0168161		
Date Assigned:	09/08/2015	Date of Injury:	04/16/2011
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 4-16-11. Initial complaints were of a co-worker stepping on the injured workers right foot and ankle causing the industrial injury. The injured worker was diagnosed as having pain in joint of ankle and foot; Reflex Sympathetic Dystrophy (RSD) of lower limb; skin sensation disturbance; lumbar disc syndrome; radicular neuralgia; lumbar sprain-strain; segmental dysfunction of the lumbar spine. Treatment to date has included acupuncture; chiropractic therapy; physical therapy; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (7-3-15). Currently, the PR-2 notes dated 7-23-15 indicated the injured worker was in the office as a follow-up. She complains of left hip, right ankle, left foot pain and right foot pain. She rates her pain as 6 out of 10 and is characterized as burning, shooting and muscle spasms. It radiates to the left foot, right foot and left heel and is describing he pain as moderate-to-severe. She reports also that the medications are helping with the pain but only takes them when needed. The provider notes the injured worker shows no signs of dependency. She also reports her level of sleep has decreased. The provider lists her current medications as Terocin Patch, Lidopro 4% ointment and Gabapentin. On physical examination, the provider documents the injured worker has a right-sided push off antalgic gait. The lumbar spine has an abnormal curvature and range of motion is restricted with flexion 90 degrees and extension at 20 degrees limited by pain. On palpation the paravertebral muscles note tenderness and spasm on both sides. She is unable to heel-toe walk and the lumbar facet loading is negative on both sides. Straight leg testing is negative on both sides with tenderness over the sacroiliac spine. There is tenderness noted over the SI joint,

trochanter and there are multiple trigger points over the ilio-tibial band. The length of the left leg is normal with Gaenslen's negative. She has tenderness over the SI joint, trochanter and there are multiple trigger points over the ilio-tibial band. There is tenderness to palpation over the midfoot and dorsal arch. She has an abnormal skin color and abnormal swelling of the right lower extremity. The provider notes limited range of motion, an abnormal temperature and mechanical allodynia with cold allodynia to the right lower extremity as part of a "CRPS" (chronic regional pain syndrome) physical finding. A MRI of the lumbar spine is documented by the provider but the actual report was submitted for review. The report is dated 7-3-15 revealing: "1) Dominant finding is annular fissuring in the left ward aspect of L2-3, L3-4, L4-5 intervertebral discs. 2) There is minimal annular bulge or posterior extension of disc annulus at these levels but this is without mass effect or associated stenosis." The provider's treatment plan includes physical therapy 6 sessions for the lumbar spine to improve her functional abilities and decrease her pain; a modified work duty until her next visit in 4 weeks. A "Request for Authorization" is dated 9-8-15. A Utilization Review letter is dated 7-30-15 and non-certification was for Retro Lidopro 4% Ointment #1 tube and Retro Terocin Patch 4-4% #30. The provider is requesting authorization of Retro Lidopro 4% Ointment #1 tube and Retro Terocin Patch 4-4% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro 4% Ointment #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. In fact, the patient is taking Gabapentin and it was noted that the medication was helping with pain. Based on the above, the retrospective request for LidoPro 4% Ointment #1 tube is not medically necessary.

Retro Terocin Patch 4-4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: Terocin patch is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. In fact, the patient is taking Gabapentin and it was noted that the medication was helping with pain. Based on the above, the retrospective request of Terocin patches is not medically necessary.