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| Case Number: | CM15-0186180 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 03/30/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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: 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 injured worker is a 35 year old female, who sustained an industrial injury on 3-30-2013. The injured worker was diagnosed as having lumbar sprain-strain, thoracic-lumbosacral neuritis-radiculitis, unspecified, and sciatica. Treatment to date has included diagnostics, acupuncture, lumbar epidural steroid injection, physical therapy, mental health treatment, and medications. Currently (8-19-2015), the injured worker complains of "worse" lumbar spine pain, associated with sleep issues, stress, anxiety and depression. Objective findings noted exam overall "worse," but unspecified. Exam of the lumbar spine noted, "decrease range of motion and strength" and continued tenderness and spasms. Work status was total temporary disability. Her function with activities of daily living was not described on 8-19-2015. Current medications included Ultram and Prilosec, with side effects, if any, not specified. Failed medications were not noted. She was prescribed Ultracin for application to her back twice daily. The treatment plan, per the Request for Authorization dated 8-21-2015, included Ultracin lotion, 120gm with 1 refill, non-certified by Utilization Review on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion, 120 gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Salicylate topicals, Topical Analgesics.

Decision rationale: Per manufacturer's information, Terocin lotion is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, methyl salicylate 25% and lidocaine 2.50%. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There are no studies of a 0.0375% formulation, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Topical lidocaine in the formulation of a cream or lotion is not recommended, therefore Terocin is not recommended by the MTUS Guidelines. The request for Ultracin lotion, 120 gm with 1 refill is determined to not be medically necessary.