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| Case Number: | CM15-0190209 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 06/13/2012 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male injured worker suffered an industrial injury on 6-13-2012. The diagnoses included complex regional pain syndrome of the right leg. On 8-31-2015, the treating provider reported increased pain due to prolonged standing at work. The injured worker noted more swelling, sensitivity and temperature. He reported he was unable to sleep with even a bedsheet due to sensitivity along with impaired gait. On exam, there was edema erythema to the right ankle. He was currently taking Celebrex, Tramadol, Gabapentin, Viagra, Cyclobenzaprine and Omeprazole. He reported a trail of Terocin for pain relief. The Utilization Review on 9-9-2015 determined modification for Terocin with Lidocaine 2-200ml bottles with 2 refills to no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin with Lidocaine 2-200ml bottles with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in June 2012 when he was struck on the right ankle by a metal door that fell from an industrial pickup truck. He continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. He returned to work with restrictions in October 2014. When seen, he was having increased pain due to prolonged standing at his job. He was having difficulty sleeping due to right foot sensitivity. Gabapentin was being prescribed at 600 mg per day but only being taken on his days off from work due to sedation. Physical examination findings included an antalgic gait. There was lower extremity edema and erythema. Medications were continued. A trial of Terocin lotion was requested. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The claimant has failed a trial of gabapentin, which should be discontinued, with consideration of a trial of a different medication for his neuropathic pain. Terocin is not medically necessary.