

Case Number:	CM15-0199912		
Date Assigned:	10/15/2015	Date of Injury:	01/12/2014
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 1-12-14. A review of the medical records indicates she is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, and arthropathy of the ankle and foot. The medical records (8-31-15) indicate that the injured worker complains of neck pain, upper back pain, middle back pain, lower back pain, left ankle pain, and left foot pain. She rates the pain "8 out of 10". She reports that the pain "radiates to the left leg, left calf, and left foot". She describes her pain as burning and shooting, as well as "moderate to severe". The treating provider indicates that the condition is associated with joint pain, nausea, numbness in the left foot "all toes", tingling, and constipation. She reports that her medications are "not effective" and "would like to try a different medication". She reports that Terocin patches "help reduce her pain and improve the quality of her sleep". She also complains of headaches, rating them "8 out of 10". The treating provider indicates that she has been experiencing depressive symptoms. The injured worker reports that she has had a "profound loss of pleasure in all enjoyable activities", as well as "tends to worry a lot" and is "irritated". The physical exam (8-31-15) reveals restricted range of motion in the cervical and lumbar spine. Tenderness to palpation is noted in the paravertebral muscles of the cervical and lumbar spine, as well as over the sacroiliac spine. Diagnostic studies have included x-rays of the lumbar spine and an MRI of the lumbar spine (9-4-15). Treatment has included physical therapy, chiropractic manipulation, acupuncture, use of ice and heat, oral medications, topical medication patches, and topical compound creams. She is not working. Her medications include Senokot, Valium, Lunesta, Docusate Sodium, Lidopro 4.5% ointment, Terocin patches, Extra Strength Tylenol, Pantoprazole, Senna, and Gabapentin. She has been receiving Terocin patches and Lidopro compound cream since, at least, 7-31-15. The utilization review (9-11-15) includes requests for authorization of compound Lidopro 4.5% ointment - 27.5%-0.0325%-10% and Terocin Patch 4-4% #30. Both requests were denied.

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 Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Further, Methyl Salicylate is a topical NSAID and may be used for arthritis but efficacy diminished after 2 weeks. In addition, the claimant was on multiple topicals along with Tylenol ER, which is not justified. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

Compound Rx Lidopro 4.5% ointment-27.5%-0.0325%-10%: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant had been on Terocin as well for over a month. Long-term use of multiple topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.