

Case Number:	CM15-0200058		
Date Assigned:	10/15/2015	Date of Injury:	07/30/2010
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
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: North Carolina

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 was a 70 year old female, who sustained an industrial injury, July 30, 2010. The injured worker was undergoing treatment for lumbar degeneration of L4-L5 and L5-S1, disc bulging at T12-S1 with facet arthropathy contributing to mild central stenosis with facet syndrome. According to the follow-up evaluation noted on December 24, 2014, the treating physician was treating the injured worker with topical compound creams due to the injured worker was not able to take anything by mouth, due to severe gastrointestinal upset. According to progress note of September 8, 2015, the injured worker's chief complaint was back pain and right groin pain. The injure worker rated the back pain at 5 out of 10 and the hip pain at 3 out of 10. The injured worker complained of leg weakness, but denied numbness and tingling. The injured worker had a history of stomach ulcers, Barrett's syndrome and asthma. The injured worker's current medications were Protonix and Singulair. The physical exam noted the straight leg raises were positive on the right at 60 degrees and negative on the left at 60 degrees. Lumbar flexion was 92 degrees, extension of 20 degrees, extension rotation to the left caused back pain and extension to the right caused buttocks pain. The L4-L5 and L5-S1 interspaces were tender. The injured worker previously received the following treatments lumbar spine x-rays on June 25, 2014, lumbar spine MRI on December 18, 2014 showed disc bulging at T12-S1 with facet arthropathy contributing to mild central stenosis with facet syndrome and Tylenol PM. The RFA (request for authorization) dated September 8, 2015; the following treatments were requested Terocin lotion #2 bottles (which consisted of 20% methyl salicylate, 10% menthol, 0.025% capsaicin and 2.5% Lidocaine) and Prospective usage of Medrox patches #6 boxes (which

consisted of 20% methyl Salicylate, 5% Menthol and 0.0325% Capsaicin). The UR (utilization review board) denied certification on September 17, 2015; for the prospective usage of Terocin lotion #2 bottles and Prospective usage of Medrox patches #6 boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion #2 bottles: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Medrox patches #6 boxes: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic

receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.