

Case Number:	CM15-0200151		
Date Assigned:	10/15/2015	Date of Injury:	08/20/2007
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
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: Texas, 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 71-year-old male who sustained an industrial injury on 8-20-07. A review of the medical records indicates he is undergoing treatment for status post rotator cuff tenodesis, partial rotator cuff repair, and lateral tear with secondary adhesive capsulitis - status post four procedures and residual range of motion loss and functional loss of the right shoulder. Medical record (9-21-15) indicates complaints of right shoulder pain. The injured worker reports "great tremendous success" using Terocin Lidocaine patches and would like a refill. The physical exam reveals that the injured worker is able to abduct the right shoulder to 125 degrees. Forward flexion is 140 degrees, internal rotation is 40 degrees, and external rotation is 80 degrees. "Some" signs of impingement are noted. The treating provider indicates "mild" pain in the subacromial fossa. The treating provider indicates that three topical transdermal creams were dispensed and a refill was given for Terocin pain patches. The treating provider indicates, "these have resulted in some good relief of pain levels and helping him sleep". Activities of daily living are noted to be "disrupted" by pain. The medication list includes Meloxicam and Omeprazole. The patient has had history of stomach upset with oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Compounded medication: Terocin Lidocaine patches (4% Lidoderm/4% Menthol) #30 (3 boxes of 10s) dispensed on 9/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Drug.com.

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

Decision rationale: Request: Retrospective request for Compounded medication: Terocin Lidocaine patches (4% Lidoderm/4% Menthol). Terocin patches contains Menthol 4% and Lidocaine 4%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." Per the cited guidelines, "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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical Lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records if the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Evidence of diminished effectiveness of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol and Lidocaine is not recommended in this patient for this diagnosis. The medical necessity of the request for Retrospective request for Compounded medication: Terocin Lidocaine patches (4% Lidoderm/4% Menthol) is not fully established in this patient.