

Case Number:	CM15-0200392		
Date Assigned:	10/15/2015	Date of Injury:	09/21/2009
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
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: 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 62 year old male, who sustained an industrial injury on September 21, 2009, incurring right shoulder injuries. She underwent right shoulder plating for a dislocated right shoulder joint in 2009. She was diagnosed with right shoulder dislocation and right rotator cuff tear and labral tear. Treatment included physical therapy without any benefit in pain relief. Other treatment included topical analgesic cream and topical analgesic patches, anti-inflammatory drugs and oral pain medications. Currently, the injured worker complained of right shoulder pain with numbness and weakness. Sitting and standing aggravated the pain but medications relieved her pain. She refused physical therapy for her shoulder. The chronic pain interfered with her activities of daily living. The treatment plan that was requested for authorization included a prescription for Terocin lotion for the shoulder #2 and a prescription for Medrox patches for the neck #6. On September 30, 2015, a request for prescriptions for Terocin lotion and Medrox patches was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion for shoulder qty. 2: 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): 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 antidepressants 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 Terocin lotion for shoulder qty. 2 is determined to not be medically necessary.

Medrox patches for neck qty. 6: 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): Capsaicin, topical, Topical Analgesics.

Decision rationale: Medrox patch is a topical analgesic containing the active ingredients methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option

in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the MTUS Guidelines, the use of Medrox Patch is not recommended. The request for Medrox patches for neck qty. 6 is determined to not be medically necessary.