

Case Number:	CM15-0201534		
Date Assigned:	10/16/2015	Date of Injury:	05/21/2015
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Colorado

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 53 year old male who sustained an industrial injury on 05-21-2015. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar sprain, lumbar radiculitis, varus deformity and bilateral knee sprain with joint narrowing. According to the most recent treating physician's progress reports, the injured worker continues to experience increased pain across the lower back to the right leg and bilateral knee pain. Evaluation noted the injured worker ambulates with a shortened stride length and width and has difficulty rising from a seated position. Computerized testing of lumbar and right knee range of motion was documented with decreased range of motion in all planes of the lumbar spine. Prior treatments have included diagnostic testing, acupuncture therapy (1 session as of 09-17- 2015) and medications. Current medications were listed as Anaprox and Terocin lotion. Treatment plan consists of finishing acupuncture therapy, lumbar epidural steroid injection and the current retrospective request for Terocin lotion 120mg (DOS: 8-20-15). On 09-30-2015 the Utilization Review determined the retrospective request for Terocin lotion 120mg (DOS: 8-20-15) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin lotion 120mg (DOS 8/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <https://www.drugs.com/pro/terocin.html>.

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

Decision rationale: Terocin lotion is comprised of Methyl salicylate 25%, capsaicin 0.025%, menthol 10% and lidocaine hydrochloride 2.50%. Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. Per the guidelines, capsaicin topical can only be recommended for those who have failed to respond to or are intolerant of other options for pain relief. Some good randomized studies suggest that capsaicin is useful for osteoarthritis, fibromyalgia and chronic non-specific back pain. However, higher doses of capsaicin (anything over 0.025% based on available studies) are considered experimental and have no studies to support use in the above conditions. It is noted that capsaicin has moderate to poor efficacy, but can work, alone or in compound, for patients whose pain has not been controlled with conventional therapies. Capsaicin produces "highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds." (Maroon, 2006) The above statements, it should be noted, support only the use of 0.025% dose capsaicin. Per the guidelines, Lidocaine, in the formulation of a dermal patch (Lidoderm), is recommended for "localized peripheral pain" (neuropathy) after failure of or contraindication to first line therapy (Tricyclic Antidepressants, SNRI Antidepressants or Anti-epilepsy drugs), and has FDA orphan status for that indication. No other topical formulations of Lidocaine (creams, lotions, gels) are indicated for neuropathic pain. (Other formulations of Lidocaine can be used as local superficial anesthetics) Lidocaine, in any formulation, is not recommended for non-neuropathic pain due to lack of evidence for its efficacy and safety. Per the records, patient has not had a trial of first line therapies for neuropathic pain (Tricyclic Antidepressants, SNRI Antidepressants or Anti-epilepsy drugs), and the requested formulation includes Lidocaine in a lotion formulation which is not approved for use in neuropathic pain, or non-neuropathic pain. The MTUS Guidelines do not address methyl salicylate or menthol topical preparations, which in this case are not relevant as the Lidocaine component is considered not recommended, so the entire topical analgesic compound, Terocin, is not recommended or medically necessary.