

Case Number:	CM15-0203673		
Date Assigned:	10/20/2015	Date of Injury:	04/16/2011
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 59 year old female who sustained an industrial injury on 4-16-2011. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint of ankle and foot, reflex sympathetic dystrophy of lower limb and skin sensation disturbance. According to the progress report dated 9-10-2015, the injured worker complained of left hip pain, right ankle pain and left and right foot pain rated 6 out of 10. She reported burning, shooting and muscle spasms. Objective findings (9-10-2015) revealed spasm and tenderness of the lumbar paravertebral muscles. There was tenderness over the sacroiliac joint and multiple trigger points over the ilio-tibial band. There was tenderness to palpation over the midfoot and dorsal arch. Treatment has included physical therapy, chiropractic treatment and medications. Current medications (9-10-2015) included Terocin patches, Lidopro ointment and Gabapentin. The original Utilization Review (UR) (9-17-2015) denied requests for Lidopro ointment and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment #1 tube: 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): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/257168/lidopro.html>.

Decision rationale: Lidopro ointment #1 tube is not medically necessary per MTUS guidelines and an online review of Lidopro. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that 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. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support ointment formulation of Lidocaine in this case and the MTUS states there is no evidence that Capsaicin greater than 0.025% provides additional efficacy. Furthermore, there is no evidence that prior Lidopro has caused significant increase in function. For these reasons, LidoPro ointment is not medically necessary.

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): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm-setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: Terocin patch 4-4% #30 is not medically necessary per MTUS guidelines and an online review of this medication. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Patches are Menthol and Lidocaine. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has Menthol in it and is medically used per MTUS for chronic pain. Terocin contains Lidocaine which per MTUS guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear why the patient would require Menthol in addition to Lidocaine in a patch form. The request for Terocin patches is not medically necessary. The documentation does not reveal evidence of significant increase in function from prior Terocin use. For these reasons the request for Terocin patches is not medically necessary.

