

Case Number:	CM15-0204198		
Date Assigned:	10/21/2015	Date of Injury:	10/22/2007
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/17/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male who sustained an industrial injury on 10-22-07. A review of the medical records indicates he is undergoing treatment for depressive disorder, shoulder pain, and chronic headache disorder. Medical records (9-17-15) indicate that the injured worker complains of "significant" multibody part chronic pain problems, rating pain "7 out of 10". The treating provider indicates that the pain has "worsened since insurance has denied all of his medications". The provider indicates that the medication denial included Cymbalta, which was being used for chronic pain and depression "with greater than 50% improvement". The provider also indicates that his pain is "somewhat tolerable today with use of Salonpas". The physical exam reveals that the injured worker is wearing "10-15 small Salonpas patches along the face, neck, and bilateral upper extremities". His psychological exam is noted to be "awake, alert, and depressed". Pain behaviors are noted to be "within expected context of disease". The record indicates that the injured worker is status post repair of bilateral shoulder internal derangement. It also indicates that he has lumbar degenerative disc disease, chronic knee, ankle, and "diffuse myalgic pain and chronic pain syndrome with both sleep and mood disorder (industrially related)". Treatment has included use of Cymbalta and Ibuprofen. He also receives Amlodipine. He has used Lidocaine patches in the past (noted since, at least 3-24-15). The treating provider indicates that the Lidocaine patches have been denied by insurance. The treatment plan is a trial of Terocin patches for "wide spread nerve pain". The utilization review (9-25-15) includes a request for authorization of Terocin patch (Lidocaine-Menthol) 4%-4%, 1 patch daily for pin in joint shoulder region #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch (lidocaine-menthol) 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Terocin is composed of methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." CA MTUS guidelines state that Capsaicin, topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The indications for this topical medication are as follows: "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 9/17/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.