

Case Number:	CM15-0207147		
Date Assigned:	10/23/2015	Date of Injury:	04/28/2010
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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 39 year old female who sustained an industrial injury on April 28, 2010. Medical records indicated that the injured worker was treated for low back and sacroiliac joint pain. Her medical diagnoses include low back pain, sacroiliac pain (SI), depression and chronic pain syndrome. In the provider notes dated from September 30, 2015 the injured worker states she has been managing her symptoms with medications. She states her medications increases her function, allows her to complete activities of daily living and improve her quality of life. She complains of burning stabbing right back and buttock pain. She has numbness in her right posterior lower extremity. She rates her pain 9 to 10 on a 0 to 10 pain scale without medications and 7 to 8 with pain medications. Her pain is increased with standing, sitting, walking, bending, lifting and lying down. Pain is improved with changing positions, medications and injections. She states her pain is worse since her last appointment and she has a hard time dealing with pain flare ups. She tries to remain active and walk. The documentation states "she is having increased back pain after sitting in the car to come to her appointment and is requesting a toradol injection as they allow her pain to return to baseline." She feels more emotional lately due to her chronic pain. She is no longer seeing the psychologist because follow up visits were denied. She is working full time. On exam, the documentation stated that there is tenderness over the lumbar paraspinals and right sacroiliac joints. There is tenderness over the right lumbar facet joints and pain with lumbar flexion and extension. Patrick's sign and Gaenslen's maneuver are positive on the right. There is slight antalgic gait and normal heel to toe progression. The treatment plan is to continue with home exercise program, heat, ice, toradol injections, physical therapy, medical

management and SI joint belt. A Request for Authorization was submitted for Terocin patches (Lidocaine, menthol) 4 4% #20. The Utilization Review dated October 13, 2015 denied the request for Terocin patches (Lidocaine, menthol) 4 4% #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches (Lidocaine, menthol) 4-4% #20: Upheld

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

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

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 9/30/15 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.