

Case Number:	CM15-0209687		
Date Assigned:	10/28/2015	Date of Injury:	12/27/2011
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 27, 2011. In a Utilization Review report dated October 19, 2015, the claims administrator failed to approve requests for topical LidoPro and topical Terocin. The claims administrator referenced an RFA form received on October 9, 2015 and an associated office visit dated September 21, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 21, 2015, the applicant reported 8/10 low back, hip, thigh, knee, and leg pain complaints. The applicant's medications included Terocin, senna, Norco, LidoPro, Neurontin, and Flexeril, it was reported, several of which were renewed and/or continued. The applicant was given a rather proscriptive 10-pound lifting limitation, which the treating provider suggested the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: One container Lidopro 4.5% ointment, 4.5%, 27.5%, 0.0325%, 10%, DOS: 9/21/15: 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): Capsaicin, topical. Decision based on Non-MTUS Citation National Library of Medicine (NLM) DailyMed - LIDOPRO- capsaicin, lidocaine hydrochloride ...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=81000fe7-276c...FDA Guidances & Info; NLM SPL Resources ... Capsaicin 0.0325%.

Decision rationale: No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of numerous first-line oral pharmaceuticals to include Norco and Neurontin, however, effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request was not medically necessary.

Retrospective: Terocin 4-% patches, #30 DOS: 9/21/15: 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): Introduction, Capsaicin, topical. Decision based on Non-MTUS Citation National Library of Medicine (NLM) DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol ...<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid...44d0>...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: Similarly, the request for topical Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the Terocin compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, as with the preceding request, the attending provider's concurrent usage of numerous first-line oral pharmaceuticals to include Norco and Neurontin effectively obviated the need for the capsaicin-containing Terocin compound at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate capsaicin-containing agents, namely topical Terocin and the topical LidoPro also at issue. Therefore, the request was not medically necessary.