

Case Number:	CM15-0028516		
Date Assigned:	02/20/2015	Date of Injury:	09/06/2000
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/16/2015

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: California

Certification(s)/Specialty: Internal 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 injured worker is a 48 year old female, who sustained a work/ industrial injury on 9/6/00 as an assembler. She has reported symptoms of pain and sensitivity in the right hand. Surgeries included right stellate ganglion block on 2/12/14, 6/9/14 and 1/7/15. The diagnoses have included bilateral wrist pain (R>L) due to ulnar neuropathy and possible unresolved carpal tunnel syndrome and sympathetically mediated component of pain refractory to stellate ganglion blocks. Treatments to date included medication, ganglion blocks, acupuncture, and massage. Medications included Ranitidine, Proventil (as needed), Lidoderm patches, Lunesta, Nexium, Norco, Symbicort, Klonopin, Terocin, and Bupropion. The treating physician's progress report of 1/12/15 noted that the IW got benefit from Norco and had no side effects. Examination noted the right hand range of motion was limited, with limitation in finger extension, but somewhat improved. The thumb was held in a 45 degree flexion contracted state that could be manually reversed but then returned to that position. There was pain with manual extension of the fingers and thumb. Right hand strength was 3/5 and the left was 4/5. Pain was noted over the ulnar aspect of the left and right wrist and forearm to pressure. There was no apparent weakness of any extremity or generalized weakness or sensory deficit. A request was made for Terocin. On 1/23/15, Utilization Review non-certified a Terocin 120 grams, #2 bottles, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120 grams, #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111, 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Capsaicin, topical Page 28-29. Decision based on Non-MTUS Citation Terocin <http://www.drugs.com/pro/terocin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Terocin is a topical analgesic, containing methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Methyl salicylate is a NSAID. The patient has been prescribed Norco. There is no documentation that the patient has not responded or is intolerant to other treatments. Per MTUS, this is a requirement for the use of topical Capsaicin. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the

request for Terocin is not supported by MTUS guidelines. Therefore, the request for Terocin is not medically necessary.