

Case Number:	CM15-0211058		
Date Assigned:	10/29/2015	Date of Injury:	08/09/2004
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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, Indiana, New York
 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 58 year old male who sustained an industrial injury on 8-9-04. The injured worker reported discomfort in the back, bilateral knees, left upper extremity and left lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine disc syndrome with strain sprain disorder and radiculopathy, lumbosacral spine disc syndrome with strain sprain disorder, internal derangement of bilateral knees, bilateral rotator cuff and impingement syndromes and chronic pain syndrome. Provider documentation dated 10-1-15 noted the work status as temporary totally disabled. Treatment has included status post lumbar decompression, physical therapy, Norco since at least June of 2015, Soma since at least June of 2015, Ambien since at least June of 2015, and Anaprox since at least June of 2015. Objective findings dated 10-1-15 were notable for spine, bilateral knees and shoulders with reduced range of motion, cervical and bilateral lumbosacral paraspinal muscular spasms, decreased strength and sensation to left C6 and L4. The original utilization review (10-16-15) denied a request for Topical cream on Terocin patch 30mg #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream on Terocin patch 30mg #1: 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topical cream on Terocin patch 30mg #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine disc syndrome and with sprain strain disorder and radiculopathy; lumbosacral spine disc syndrome with sprain strain disorder, radiculopathy, status post laminectomy fusion and postoperative laminectomy fusion syndrome; internal derangement both knees status post arthroscopy; bilateral rotator cuff and impingement syndromes; and chronic pain syndrome with idiopathic insomnia. Date of injury is August 9, 2004. Request for authorization is August 1, 2015. According to an October 1, 2015, progress note, subjective complaints include the neck, mid back, left upper limb, left lower limb. The injured worker is a good, but partial response to medication. Objectively, there is reduced range of motion in the cervical thoracic and lumbar spine. Range of motion of the bilateral knees is decreased with tenderness medially. The cervical and lumbar paraspinal muscle groups are tender to palpation. There is reduced strength and sensation in the left C6 and left L4 spinal nerve roots. The treating provider is prescribing topical creams on patches to help control pain and inflammation. The anatomical location for application is not specified. Lidocaine in non-Lidoderm form is not recommended. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. The percentage for capsaicin is not specified. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form and capsaicin unknown %) that is not recommended is not recommended. Consequently, Topical cream on Terocin patch 30mg #1 is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical cream on Terocin patch 30mg #1 is not medically necessary.