

Case Number:	CM15-0049076		
Date Assigned:	03/20/2015	Date of Injury:	05/19/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37-year-old male, who sustained an industrial injury on May 19, 2014. The injured worker had reported a low back pain and left leg pain. The diagnoses have included lumbago, thoracic or lumbar disc displacement without myelopathy, sciatica and adjustment disorder with mixed anxiety and depression. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated February 25, 2015 notes that the injured worker reported low back pain which radiated to the left lower extremity. Associated symptoms include weakness and posterior leg numbness and tingling. Physical examination noted the injured worker to be in moderate pain. Examination of the lumbar spine revealed loss of normal lordosis and a painful and decreased range of motion with radiation down the left lower extremity. On palpation, the paravertebral muscles revealed spasms, tenderness and trigger points bilaterally. A straight leg raise was positive on the left side. The treating physician's plan of care included a request for Lyrica and Terocin Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 Ref: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." As the injured worker clinically presents with numbness, tingling, weakness of the lower extremity, and has evidence of spinal cord stenosis, the request is medically necessary. The UR physician's rationale for denial was not provided for review, and therefore the requested treatment is medically necessary.

Terocin Patch 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDruginfo.cfm?archiveid=41055>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Per MTUS p 112 "Indications: 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. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." Per MTUS p25 Boswellia Serrata Resin is not recommended for chronic pain. Terocin patches contain menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol

is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually, and therefore the requested treatment is not medically necessary.