

Case Number:	CM15-0084988		
Date Assigned:	05/07/2015	Date of Injury:	04/12/2012
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 72 year old female, who sustained an industrial injury on 4/12/2012. She reported having been pushed causing her to strike the head, neck, left shoulder, left arm, left hip and twisting the left ankle. Diagnoses include bilateral upper extremity radiculopathy, left total shoulder replacement in 2013, status post cervical fusion in 2014, chronic neck pain, insomnia, anxiety and depression. Treatments to date include medication therapy, physical therapy, acupuncture treatment, and joint injections. Currently, she complained of neck pain with radiation to the right upper extremity. There were also complaints of anxiety and insomnia. On 4/1/15, the physical examination documented decreased cervical range of motion and a positive Spurling's test on the right side. The left shoulder also had decreased range of motion and a positive impingement test. The plan of care included Terocin Lotion 120 milliliters applied two to three times a day to the affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Terocin lotion contains menthol, lidocaine, methyl salicylate, and capsaicin. The referenced guidelines state that any compound containing at least one non-recommended ingredient is itself not recommended in its entirety. Lidocaine is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. 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. Topical NSAIDs such as methyl salicylate are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this instance, there may be an indication for topical capsaicin given the incomplete response to date of opioids, Lyrica, and Cymbalta. Topical NSAIDs such as methyl salicylate are not indicated for use over the spine or shoulder, the apparent intended regions of use here. Additionally, lidocaine in lotion form is not recommended by the cited guidelines. Therefore, Terocin lotion #120 ml is not medically appropriate and necessary.