

Case Number:	CM14-0129765		
Date Assigned:	08/20/2014	Date of Injury:	08/08/2010
Decision Date:	10/21/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Illinois and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old female who reported an injury on 08/08/2010. The mechanism of injury was not provided. The injured worker had diagnoses of cervical radiculopathy and left shoulder impingement. Past medical treatment included medications. The diagnostic testing included an EMG/NCV and an MRI of the cervical spine. Surgical history was not provided. The injured worker complained of neck and shoulder pain on 05/05/2014. The physical examination of the neck and cervical spine revealed 80% of normal right rotation, 100% of left rotation, pain with right lateral bending, a positive left Spurling's test, and 100% of normal forward flexion. The examination of left shoulder revealed forward flexion to 150 degrees and left shoulder abduction to 90 degrees with pain. The injured worker had a positive left impingement test. Medications included topical Terocin lotion. The treatment plan was for Terocin lotion 120 mg 2 bottles. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 120MG 2 BOTTLES: 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: The request for Terocin lotion 120mg 2 bottles is not medically necessary. The injured worker complained of neck and shoulder pain on 05/05/2014. Terocin topical lotion contains Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical salicylate is significantly better than placebo in chronic pain. Capsaicin is recommended for patients with osteoarthritis, post-herpetic neuralgia, diabetic neuropathy, and post mastectomy pain, only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend the use of Lidocaine 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. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has been unresponsive to or has not tolerated other treatments. There is no indication that the injured worker has been intolerant of or not responded to other treatments. The guidelines do not recommend Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request for Terocin lotion 120mg 2 bottles is not medically necessary.