

Case Number:	CM14-0026449		
Date Assigned:	06/13/2014	Date of Injury:	05/31/2013
Decision Date:	09/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine and is licensed to practice in 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:

Injured worker is a female with date of injury 5/31/2013. Per primary treating physician's progress report dated 2/28/2014, the injured worker complains of pain in her head, neck, upper back, and lower back. She notes constant nagging headaches with the pain mostly located at the forehead and then into the occipital region and back of the neck. Headaches are associated with episodes of lightheadedness, dizziness, and occasional nausea. The pain in her neck travels to her bilateral upper extremities. She rates her pain at 8/10. The neck pain is sharp, throbbing and stabbing in nature and is exacerbated by repetitive movements of the head and neck and by use of the upper extremities. The pain is mostly present along the back of the neck and the posterior scalp region. She notes difficulty and increased pain when rotating the head to either side. She further notes pain at the anterior neck region, which travels up to the lower chin region. Upper back pain is rated at 6/10, described as sharp pain between the shoulder blades with prolonged sitting or with prolonged standing. Low back pain travels to her right lower extremity. She rates her pain as 6/10, and describes it as constant, moderate-to severe deep pain and aggravated by movement into certain positions. She has more pain with sitting and driving. It is also made worse with lying down and she has difficulty getting back up. Pain is improved with standing and she has noticed that she tends to stand more often than she did in the past. She has difficulty falling asleep due to pain, waking during the night, difficulty with sexual functioning, dizziness, headaches, symptoms of anxiety, depression, and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES 4-4% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Salicylate Topicals section, Topical Analgesics Page(s): 28, 104, 111-113.

Decision rationale: Per manufacturer's information, Terocin patch is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, Lidocaine 2.5% and methyl salicylate 25%. Topical capsaicin is recommended by the guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Salicylate topicals are recommended by the guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The request for Terocin patches 4-4% #30 is determined to be medically necessary.