

Case Number:	CM15-0012747		
Date Assigned:	01/30/2015	Date of Injury:	01/29/2013
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/22/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported injury on 01/29/2013. The mechanism of injury was a slip and fall. Her diagnoses included brachial neuritis/radiculitis, lumbar sprain/strain and lumbar radiculopathy. The progress note dated 10/21/2014, documented the injured worker had a flare up of symptoms requiring an increase in medication intake. The injured worker had a complaint of constant pain in the neck and bilateral upper extremities with numbness and tingling in both arms rated at a 6/10. She had complaints of severe low back pain rated as a 9/10 radiating into the bilateral lower extremities with numbness and tingling in both legs. She also had complaints of constant bilateral knee pain rated at a 6/10 and constant bilateral ankle/foot pain rated as a 7/10 on the left and an 8/10 on the right. Pain level without medication was rated at a 9/10 and decreased to a 0/10 with the use of medications. On physical exam it was noted cervical range of motion in flexion at 40 degrees, extension was 40 degrees, right and left rotation at 60 degrees, and right and left lateral flexion at 30 degrees. Tenderness to palpation along the cervical spine was noted, as well as spasms to the trapezius muscles bilaterally. There was tenderness to palpation along the lumbar spine, paravertebral muscles bilaterally and palpable spasms along the paravertebral muscles of the lumbar spine bilaterally. Straight leg raise was positive bilaterally, as well as femoral stretch test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin DIS 4-4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105,111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Salicylate topicals.

Decision rationale: The request for Terocin DIS 4-4% is not medically necessary. The California MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Capsaicin: 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). The Official Disability Guidelines state topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. There is a lack of documentation of the injured worker not having responded or being intolerant to other treatments before capsaicin. There is also a lack of documentation of neuropathic pain, as well as evidence of a trial of first line therapy, including tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. As such, the request for Terocin DIS 4-4% is not medically necessary.