

Case Number:	CM15-0012851		
Date Assigned:	01/30/2015	Date of Injury:	09/24/2005
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on 9/24/05. She has reported left foot injury. The diagnoses have included right ankle sprain/strain, right ankle internal derangement, firth foot pain, possible restless leg syndrome and complex regional pain syndrome. Treatment to date is not documented. Currently, the injured worker complains of rash/eczema of lateral ankle /foot. Progress note dated 10/13/14 revealed rash/eczema of the lateral aspect of left ankle/foot. On 11/24/14 Utilization Review non-certified Terocin patch 4% (8 boxes), noting the medical necessity of the topical agent has not been established. The MTUS, ACOEM Guidelines, was cited. On 1/6/15, the injured worker submitted an application for IMR for review of Terocin patch 4% (8 boxes).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% (8 boxes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Furthermore, the guidelines on lidocaine state that only lidocaine in patch form as Lidoderm is the only approved formulation of this topical medication. This injured worker has diagnoses of complex regional pain syndrome (a neuropathic pain state) and ankle sprain/strain. Although there is neuropathic pain and evidence of a trial of gabapentin, a first line option, the lidocaine component of this compounded topical medication is not approved. Specifically the guidelines of the MTUS state: "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 are indicated for neuropathic pain." Given this, the request for Terocin patches is not medically necessary.