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| Case Number: | CM15-0014642 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 04/26/2005 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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 60-year-old male who reported injury on 04/26/2005. The documentation indicated the injured worker underwent acupuncture and was utilizing Terocin pain patch, Methoderm gel, and Xolido 2% cream since 07/2014. The Request for Authorization was submitted for oral medications, topical medications and a retro urine drug screen on 12/05/2014. The documentation of 12/05/2014 revealed the injured worker had complaints of constant neck pain and that the injured worker had completed 16 sessions of physical therapy. The injured worker indicated that topical creams and patches helped decrease the use of oral medications and allowed the injured worker to perform home exercises and chores. The injured worker's pain without medication was 9/10 and with medication was 5/10. The physical examination revealed tenderness in the lumbar spine and spasms in the paravertebral muscles bilaterally. The injured worker had decreased range of motion and tenderness in the cervical spine. The diagnoses included cervical disc protrusion, spinal stenosis, radiculopathy, facet hypertrophy, and low back disc protrusion and spinal stenosis as well as facet syndrome. The treatment plan included an orthopedic pillow, a home exercise program, Terocin pain patch, Methoderm gel, and Calypso 2% cream which was noted to be a topical analgesic to be applied as directed for the treatment of temporary relief of pain and itching and minor skin irritation due to cuts, scrapes, sunburn, and minor burns.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of anticonvulsants and antidepressants. The documentation indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency and the body part to be treated with the Mentoderm. Given the above, the request for Mentoderm gel 120 gm is not medically necessary.

Retro urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens when there are documented issues of addiction, abuse or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction or poor pain control. Additionally, there was a lack of documentation indicating the date for the retro urine drug screen. Given the above, the request for retro urine drug screen is not medically necessary.

Calypso 2% cream: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review indicated the injured worker was to utilize the topical cream for the temporary relief of pain and itching and minor skin irritations due to minor cuts and scrapes, sunburn and minor burns. However, the specific rationale was not provided. The body part to be treated was not provided. The frequency and quantity was not provided. Given the above, the request for Calypso 2% cream is not medically necessary.

Terocin patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part and frequency for the requested Terocin patch. Given the above, the request for Terocin patch #20 is not medically necessary.