

Case Number:	CM15-0024289		
Date Assigned:	02/13/2015	Date of Injury:	07/15/2010
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 54-year-old male who reported an injury on 07/15/2010. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/06/2015. The documentation of 12/19/2014 revealed the injured worker had post chemotherapy neuropathy in the bilateral lower extremities with problems in the bilateral feet, include instability, numbness, and frequent tripping and falling with a sprain secondary to colon cancer. The prior treatments included orthopedic in depth shoes with custom inserts. The injured worker was noted to be a problem in the lower legs, ankle, and feet that was chronic. The injured worker had "cardboard" numbness on the bottom of the feet secondary to chemotherapy for cancer. The injured worker was noted to be utilizing NeuroVite and Tumeric daily. The injured worker was out of medications and it was indicated the injured worker would use tape immobilization to help with allodynia. The injured worker was utilizing Terocin patches and topical compounds. The documentation indicated that with medications, Terocin patches, shoes, and orthotics, the injured worker was capable of functioning. The treatment plan included NeuroVite and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 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 indicated the Terocin patches were helpful. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Terocin patches #90 is not medically necessary.

Neuro Vite Bottles x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods.

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for chronic pain. This was noted to be one of the treatments. There was a lack of documented efficacy for the requested medical food. There was a lack of documentation indicating a necessity for 6 refills. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for NeuroVite bottles x 6 is not medically necessary.