

Case Number:	CM13-0002358		
Date Assigned:	03/03/2014	Date of Injury:	01/26/2013
Decision Date:	05/28/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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:

The patient is a 49 year-old female LVN who was injured on 1/26/13 when she tried to reposition a patient at the hospital. She has been diagnosed with L5/S1 HNP (herniated nucleus pulposis); annular tear at L5/S1; and L4/5 HNP. According to the 6/20/13 orthopedic report from [REDACTED], the patient presents with low back pain. [REDACTED] recommended continuing medications and added a trial of Terocin lotion. On 7/19/13, UR recommended against use of Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The patient presents with low back pain. I have been asked to review for Terocin lotion. Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. The MTUS guidelines indicate that these are recommended after failure of

antidepressants or anticonvulsants and the MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, methyl salicylate, capsaicin and possible menthol are indicated (methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105, "Ben-Gay" is given as an example and Ben-Gay contains menthol and methyl salicylate). Terocin contains topical lidocaine. The MTUS guidelines specifically indicate that, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.