

Case Number:	CM13-0003306		
Date Assigned:	07/02/2014	Date of Injury:	02/09/2001
Decision Date:	07/30/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/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:

This patient is a 72 year old with date of injury of 2/9/2001. The medical records indicate the patient is undergoing treatment for lumbosacral radiculopathy, spinal stenosis of the lumbar region and lumbosacral pain. Subjective complaints include right lumbar radiculopathy flare up over several weeks, no new injury; patient reports her pain improved with acupuncture so she did not undergo injections. The current pain rating is 5-8/10 intensity in right S1 distribution. The patient has difficulty sleeping due to pain. The treatment has consisted of Ultracet tablet, Terocin lotion, bilateral L4/L5 and L5/S1 transformal epidural steroid injections, positive straight leg raise test and MRI with impingement of bilateral L5 and S1 nerve roots if the pain refractory to acupuncture. Request 8 sessions of acupuncture for her flare up and to avoid further injections. Consider referral to spine surgeon. The utilization review determination was rendered on 7/9/2013 recommending non-certification of retrospective review Terocin lotion and prospective usage of Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review 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 Lidoderm patches Page(s): 56-57,111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and on the Non-MTUS UpToDate.com, Lidocaine (topical).

Decision rationale: Terocin patch is topical pain patch that contains Lidocaine and Menthol. The ODG states regarding Lidocaine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. The MTUS states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request for retrospective review Terocin lotion is not medically necessary.

Prospective usage of 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, Lidoderm Page(s): 56-57,111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

Decision rationale: Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical lotion, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. MTUS states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." As such, the request for PROSPECTIVE USAGE OF TEROCIN LOTION is not medically necessary.