

<b>Case Number:</b>	CM13-0004132		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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 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 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 reported a 8/23/2002 industrial injury claim. He has been diagnosed with a lumbar herniated disc. According to the 7/5/13 report from [REDACTED], the patient presents with constant severe pain in the lumbar spine, with no significant change since the last visit (6/14/13). The plan was to continue the medications including Zanaflex, Vicodin and Nexium. [REDACTED] recommended Terodolorcin (terocin lotion), and to continue HEP, continue the cane, gym exercises and TENS, and requested referral for the Lindora weight loss program. On 7/12/13, CID recommended non-certification for Nexium, Terocin, Zanaflex, and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UNKNOWN PRESCRIPTION OF NEXIUM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, CARDIOVASCULAR Page(s): 68-69.

**Decision rationale:** The patient presents with chronic back pain. He is reported to be using Nexium, Zanaflex and Vicodin. I have been asked to review for necessity of Nexium. The

provided records from [REDACTED], are from 3/7/13 through 7/5/13. The records show the patient has been using Nexium throughout this timeframe, but there is no discussion of efficacy, or rationale provided. The patient was not reported to have GERD or any of the risk factors for GI events discussed under the MTUS guidelines. The patient does not appear to be using NSAIDs. The request for Nexium does not appear to be in accordance with MTUS guidelines

**1 PRESCRIPTION OF TERODOLORCIN (TEROCIN) 120ML:** Upheld

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

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

**Decision rationale:** Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and 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. MTUS specifically states, 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.