

Case Number:	CM13-0012296		
Date Assigned:	03/10/2014	Date of Injury:	07/16/2012
Decision Date:	05/20/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/13/2013

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 Occupational Medicine 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:

The patient is a warehouse manager for [REDACTED] who has filed a claim for Terocin lotion to use for his chronic low back pain associated with an industry injury last June 06, 2012. Treatment used in the management of the patient includes: physical therapy, acupuncture, chiropractic sessions, massage therapy, opioid and non-opioid analgesics, muscle relaxants, and surgery. However, the patient reported persistence of low back pain. Patient's condition is deemed permanent and stationary. In a utilization review report of August 05, 2013, the claims administrator denied a request for Terocin lotion. Review of progress notes from 2013 revealed that the patient has been experiencing intermittent low back pain and was able to work full time while being maintained on Ibuprofen, physical exam during this time showed no lumbar tenderness and better range of motion. However, progress notes reviewed from June to December of 2013 revealed that the patient's low back pain became persistent, no reports of trauma and excessive strain on the lumbar area were noted. The low back pain was reported to be aggravated by bending, lifting, sneezing, coughing, walking, and prolonged sitting. Physical during these times were significant for: decreased range of motion due to pain, lumbar paraspinal muscle spasming, and hyporeactive reflexes on the patient's knees and ankles symmetric bilaterally. On December 12, 2013 patient underwent bilateral medial branch and dorsal ramus blocks, there was reported improvement in the patient's pain score immediately after surgery; however, low back pain returned a few hours after surgery. Progress notes reviewed from 2014 revealed that despite surgery, there is persistence of low back pain that is aggravated by; prolonged sitting, bending, lifting, and coughing with the same physical examination findings. Specific indications as to why Terocin was prescribed were not unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidocaine..

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

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. However, while the patient presents with chronic pain complaints, it was not clearly documented why Terocin lotion was first initiated, and prescriptions were not based on assessment of treatment response. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin was not medically necessary.