

Case Number:	CM13-0015498		
Date Assigned:	05/21/2014	Date of Injury:	10/04/2012
Decision Date:	06/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/23/2013

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 and Rehabilitation 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 42 year-old patient sustained injuries to his lumbar spine and left knee on 10/4/12 while employed by [REDACTED]. Request(s) under consideration include Terocin 120 ML X2 and Fexmid 7.5MG #60. Conservative care has included physical therapy and chiropractic treatment along with medications and modified activities. MRI of the lumbar spine was unremarkable without canal or neural foraminal stenosis; MRI of the left knee showed possible cartilage injury. Report of 7/31/13 from the provider noted patient doing well with physical therapy for chronic pain rated at 6/10. He has not returned to work as modified duties are not available. Exam showed minimal tenderness of lumbar spine; reduced range of lumbar motion by 10%; left without effusion or swelling; mild tenderness; medial lateral collateral ligaments are intact; ACL showed negative Lachman's and negative drawer signs. Treatment included medications. Request(s) for Terocin 120 ML X2 and Fexmid 7.5MG #60 was not medically necessary on 8/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 120 ML X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Analgesics Page(s): 111-113.

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

Decision rationale: This 42 year-old patient sustained injuries to his lumbar spine and left knee on 10/4/12 while employed by [REDACTED]. Request(s) under consideration include Terocin 120 ML X2 and Fexmid 7.5MG #60. Conservative care has included physical therapy and chiropractic treatment along with medications and modified activities. MRI of the lumbar spine was unremarkable without canal or neural foraminal stenosis; MRI of the left knee showed possible cartilage injury. Report of 7/31/13 from the provider noted patient doing well with physical therapy for chronic pain rated at 6/10. He has not returned to work as modified duties are not available. Exam showed minimal tenderness of lumbar spine; reduced range of lumbar motion by 10%; left without effusion or swelling; mild tenderness; medial lateral collateral ligaments are intact; ACL showed negative Lachman's and negative drawer signs. Treatment included medications. The provider has not submitted any new information to support for compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate, Menthol, Capsaicin, Lidocaine, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and Lidocaine are specifically "not recommended" per MTUS. Per FDA, lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury of 2012 nor is there any report of acute flare-up or new red-flag conditions. The Terocin 120 ML X2 is not medically necessary and appropriate.

FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2012 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, Fexmid has not been adequately addressed to warrant continued treatment regimen without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. The Fexmid 7.5MG #60 is not medically necessary and appropriate.

