

Case Number:	CM13-0017807		
Date Assigned:	10/11/2013	Date of Injury:	05/03/2011
Decision Date:	02/12/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/28/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 25 year-old with a date of injury of 05/03/2011. The mechanism of injury was not specified. She was diagnosed herniated nucleus pulposus (HNP) at L4-5. The most recent progress report (PR-2) identifies subjective complaints of pain radiating from the low back to the legs. Objective findings included numbness bilaterally at L5, antalgic gait, lumbar tenderness, and lumbosacral spine range-of-motion decreased about 25%. Diagnostic studies showed recurrent HNP at L4-5 with loss of disk height. Diagnoses indicate that the patient has "HNP L4-5 with recurrent disc herniation with post laminectomy instability"; however no surgical procedures have been documented in these records. Treatment has included previous "Epidural Steroid Injections (ESI) for radicular symptoms" and current oral medications. Treatment now recommended is continuance of oral medications and additional topical analgesic. A Utilization Review determination was rendered on 8/6/2013 recommending non-certification of "Decision for retrospective request for Terocin lotion 120ml x2".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin lotion 120ml x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 3-1.

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

Decision rationale: Terocin is a compounded topical agent whose active ingredients include Capsaicin, Lidocaine and methyl salicylate. The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. They do note that a variety of agents including the aforementioned have been used as a topical. Capsaicin has shown success in musculoskeletal conditions. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."