MAXIMUS Federal Services

Case Number:	CM13-0025924		
Date Assigned:	01/10/2014	Date of Injury:	02/28/1995
Decision Date:	03/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 55 year old female who reported injury on 02/28/1995. The mechanism of injury was not provided. The patient's diagnoses were noted to include degenerative disc disease of the lumbar region, spinal stenosis of the lumbar region with neurogenic claudication, lumbar disc disorder, facet joint syndrome and acquired spondylolisthesis. The patient's medications were noted to include Terocin, Mobic and KGL. The clinical documentation indicated the patient had used Terocin which provided relief of neuropathic pain without side effects of oral medications. Additionally, it was indicated that the patient had Terocin prescribed instead of an oral agent which would cause systemic effect. The patient was noted to have unacceptable gastrointestinal side effects with oral agents. The documentation submitted with the request indicated the patient was to use Terocin 2 to 3 times a day as directed. The plan was continuation of medications including Mobic and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105,111,28,112. Decision

based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=Terocin

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments are Lidocain and Lidoderm. There is no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review failed to provide documentation that the patient had trialed and failed antidepressants and anticonvulsants. The patient was noted to have been intolerant to other treatments. However, Lidocaine is not recommended in any form other than a Lidoderm patch. Additionally, there was a lack of documentation indicating the functional benefit of the requested medication. The request as submitted failed to indicate a quantity of medication being requested. The patient was noted to have been on the medication at least since 04/2013. Given the above, the request for Terocin lotion is not medically necessary.