MAXIMUS Federal Services

Case Number:	CM13-0027542		
Date Assigned:	11/22/2013	Date of Injury:	12/02/2010
Decision Date:	02/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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 is a 38-year-old male with a 12/2/2010 date of injury. A specific mechanism of injury has not been described. 6/17/13 report revealed that the patient has pain in the midline of his low back. He reports radiation of pain and numbness down both legs down to his feet, left side much greater than the right. He reports persistent neck pain as well with radiation of pain and numbness down both arms to the hands. His sleep is interrupted due to pain. Objective findings include decreased lumbar range of motion, decreased sensation in L4, L5, and S1 dermatomes on the left. Motor strength 4/5 left TA, inversion, eversion, plantar flexion. 4+/5 left EHL. Straight leg raise on the left elicits pain down to her calf. Diagnostic impression includes s/p microlumbar diskectomy 6/11/11, L4-5 grade 1 spondylolisthesis, central protrusion/extrusion compressing the left L5 and S1 nerve roots, and L5-S 1 lateral recess stenosis. Supplemental QME report 2/28/13 by Dr. [redacted] states that since the MRI showed a large disk herniation at the left L5-S 1 with a possible extruded disk fragment, this should be dealt with through microdiskectomy and disk excision. Lumbar MRI10/26/12 report revealed L5-S1 anterolisthesis is seen with central and left lateral protrusion/extrusion resulting in severe left neural foramina! narrowing. There is contact of the exiting left L5 nerve root and posterior left S1 nerve root, which appears enlarged and edematous. The 7/17/13 progress report indicates ongoing low back pain radiating to the bilateral lower extremities. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion, and diminished sensation in the left L5 and S1 dermatomes. The request is for Terocin pain relief lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. There is no evidence that this patient has demonstrated failure of the first line treatment for neuropathic pain such as antidepressants and anticonvulsants as recommended by the guidelines. In addition, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain except for Lidoderm patch. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA- MTUS section on topical analgesics, pages 111 to 112, states that the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) The CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended.