

Case Number:	CM13-0039290		
Date Assigned:	12/18/2013	Date of Injury:	05/03/2011
Decision Date:	03/20/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery 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 25-year-old female who reported an injury on 05/03/2011. The mechanism of injury was stated to be that the patient was lifting heavy items, including boxes and tables, on the date of injury and developed a sudden onset of back pain. The most recent examination noted revealed that the patient had objective findings of normal reflexes, sensory and power testing to the bilateral upper and lower extremities, except for weakness of 4/5 and numbness at L5 bilaterally. The straight leg raise and bowstring were positive bilaterally. The patient had an antalgic gait. The patient had positive lumbar tenderness. The lumbar spine range of motion was decreased by about 30%. The diagnoses were HNP at L4-5, status post L4-5 decompression on 09/10/2012 and recurrent disc herniation with postlaminectomy instability. The treatment plan was noted to be to refill medications of Naproxen, Neurontin, Fexmid and Norco as well as an LSO brace and Terocin 120 mL times 2 per the submitted request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (Mupirocin) 120ml times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Section, Topical Analgesic Section, Topical Capsaicin Section., and Lidocaine.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They 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 to or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The California MTUS Guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl Salicylate. The clinical documentation submitted for review failed to indicate that the patient had trials of antidepressants and anticonvulsants that had failed. There was a lack of documentation indicating that the patient had not responded to or was intolerant to other treatments and documentation of exceptional factors to warrant nonadherence to guideline recommendations as Lidocaine is recommended only in a Lidoderm patch. There was a lack of documentation of neuropathic pain and the necessity for 2 refills without re-evaluation of the treatment. Given the above, the request for Terocin (Mupirocin) 120 mL times 2 is not medically necessary.