

Case Number:	CM13-0039961		
Date Assigned:	12/20/2013	Date of Injury:	01/08/2010
Decision Date:	04/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 34 year old male with date of injury 1/8/10. The treating physician report dated 10/22/13 indicates that the patient has pain affecting the lumbar spine with bilateral leg pain and paresthesia. The current diagnoses are chronic bilateral rhomboid and mid thoracic paraspinal muscle strain and chronic thoracic and lumbar strain and tightness with possible underlying L3 radiculopathy seen on electro diagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH, #120: Upheld

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

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

Decision rationale: The patient presents with chronic lower back pain and bilateral leg pain. The treating physician states that the patient is not in acute distress, appears to be tired, and has tenderness in the low back upon palpation. The patient was prescribed Terocin patches for topical use for pain. Terocin is a compounded medication, which includes Lidocaine, Capsaisin, Salicylates, and Menthol. The Chronic Pain Medical Treatment Guidelines state that any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines do not support the usage of salicylate topical, an NSAID, for the treatment of lower back pain. This patient presents with lumbar pain and radicular pain for which a topical NSAID is not indicated. Therefore, the request for Terocin is not medically necessary and appropriate.