MAXIMUS Federal Services

Case Number:	CM13-0040285		
Date Assigned:	12/20/2013	Date of Injury:	11/03/2011
Decision Date:	02/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 . 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 claimant is a 42 year old female with state date of injury to the upper and lower back of 11/3/2011. On 11/03/2011, the patient notes she was working In tne field when she tripped on a metal stake and had to be helped up due to the pain. ten. She notes that he right leg is what struck the metal stake. She states that she landed on her stomach and had to be helped up due to the pain. She was taken to an [redacted]. She states that no x-rays were taken. She notes that she has been referred for physical therapy. She denies any prior injuiries to the bilateral hip or bilateral knees. She currently rates her symptoms an 8/10 on the pain scale. She states that her right side is much more painful than her left. In the medical record dated 10/22/2012, The patient reports that she continues to experience cervical, thoracic, and lumbar pain as well as right knee pain. She states that her condition is unchaged since the beginning of her chiropractic care. She stated that her lumbar pain is constant and rates the pain as a 7-8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches: Upheld

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

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

Decision rationale: Terocin lotion is a topical analgesic containing the following active ingredients: Capsaicin, Lidocaine, Menthol and Salicylate. According to Chronic Pain Medical treatment guidelines MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical Terocin lotion is not medically necessary.