

Case Number:	CM13-0040381		
Date Assigned:	12/20/2013	Date of Injury:	04/19/2013
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 33-year-old male with date of injury on 04/19/2013. The progress report dated 08/08/2013 by [REDACTED] indicates that patient's diagnoses include: 1.) HNP L5-S1, 4 mm, with bilateral facet hypertrophy, 2.) L4-L5 bilateral facet hypertrophy, 3.) mechanical low back pain. The patient continues with left-sided low back pain. He rates his pain today at 4/10. Exam findings indicate a positive facet challenge. There is restricted range of motion in the lumbar spine. The patient was prescribed Terocin pain relief lotion 4 oz. Utilization review letter dated 09/25/2013 issued non-certification of this topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion, 4 oz NDC: 50488112901 (through [REDACTED] between 9/24/2013 and 12/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009) Se.

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

Decision rationale: The patient continues with mild to moderate low back pain. MTUS Guidelines page 111 to 113 regarding topical analgesics state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Terocin pain relief lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. MTUS states that lidocaine is indicated for neuropathic pain and is approved in the formulation of a dermal patch. No other commercially approved topical formulation of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. The use of the Terocin pain relief lotion does not appear to be recommended by the guidelines noted above. Therefore, recommendation is for denial.