

Case Number:	CM13-0043905		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2010
Decision Date:	02/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

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, Rehabilitation, and Pain Management 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 female with date of injury on 09/22/2010. The progress report dated 04/16/2013 by [REDACTED] indicates that the patient's diagnoses include: 1.Musculoligamentous sprain/strain, lumbar spine. 2.Lumbar spondylosis with chronic discogenic back pain and left lower extremity radiculopathy. The patient continues with back pain and radiating left leg radiculopathy. Physical exam indicates decreased range of motion of the lumbar spine with guarding and spasming. There is positive straight leg raising and decreased sensation in the left S1 distribution. The utilization review letter dated 10/25/2013 indicates a non-certification of a request of Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion: 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 Analgesics Page(s): 111-113.

Decision rationale: The patient continues with low back pain with radicular symptoms into the left lower extremity. The utilization review letter dated 10/25/2013 indicates that the patient is status post lumbar discectomy and corpectomy and fusion performed on 07/13/2013. A request has been submitted for Terocin lotion or cream, a topical compound containing methyl salicylate 25%, capsaicin 0.25%, menthol 10%, and lidocaine 2.5%. MTUS page 111 regarding topical analgesics states that, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." It further states that lidocaine in the formulation of a dermal patch 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 formulation of lidocaine whether creams, lotions, or gels, are indicated for neuropathic pain. The Terocin lotion which contains lidocaine does not appear to be supported by the guidelines noted above as lidocaine is only indicated for neuropathic pain in the form of a dermal patch. Therefore, Decision for Terocin Lotion is not medically necessary and appropriate.