

Case Number:	CM13-0048789		
Date Assigned:	12/27/2013	Date of Injury:	05/08/2013
Decision Date:	02/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine, and is licensed to practice in New York. 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 53 year old male who sustained an industrial injury on 05/08/2013. His diagnosis is low back pain secondary to displaced intervertebral disc /herniated nucleus pulposus and radiculopathy. He is s/p L5-S1 fusion and continues with residual low back pain with radiculopathy. On exam he has positive lumbosacral paraspinal tenderness right greater than left and positive facet loading test. Straight leg raising was negative bilaterally. He has been treated with medical therapy including opioids. The treating provider has requested Terocin lotion 120g, 2 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 120 g, two (2) bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

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

Decision rationale: The Physician Reviewer's decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines

topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation the claimant has neuropathic pain and there is no history of intolerance to other previous oral treatments. Medical necessity for the requested topical medications has not been established. The requested treatment is not medically necessary.