MAXIMUS Federal Services

Case Number:	CM13-0054364		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2013
Decision Date:	04/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 and 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:

This is a male patient with the date of injury of August 12, 2013. A utilization review determination dated November 14, 2013 recommends non-certification of Terocin. A progress report dated October 30, 2013 include subjective complaints indicating that the patient's neck pain is pretty much resolved, but the patient continues to have daily headaches and constant low back pain. The note indicates that things are slowly getting better. The patient tried physical therapy and tens which did not help significantly. The patient would like to avoid invasive therapy such as injections or surgery. The note indicates that the patient has radiating pain from his low back into the left leg and knee. He has tried several medications including Motrin, Percocet, Norco, and Flexeril. Those medications either did not work or caused side effects. Percocet was also tried. Physical examination identifies tenderness to palpation around the paraspinal muscles and decreased range of motion in the lumbar spine. There is diminished sensation in the left L4 nerve root distribution. Diagnoses include headaches, low back pain, lumbar disc herniation, possible lumbar radiculitis, and myofascial pain. The treatment plan recommends continuing acupuncture, trial of an H-wave unit, Flexeril, start tramadol, and start Terocin. Amitriptyline was started for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 OF 127.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. 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. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Additionally, guidelines do not support the use of lidocaine in a non-patch formulation. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.