

Case Number:	CM13-0055196		
Date Assigned:	12/30/2013	Date of Injury:	06/12/1998
Decision Date:	03/17/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Medicine and is licensed to practice in Arizona. 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 47 year old male with a date of injury of 6/12/1998. Patient has been treated for ongoing neck and low back symptoms. The patient has the diagnoses of facet arthropathy of lumbar spine, lumbar radiculitis, myofascial pain syndrome and is status post cervical fusion. The patient has subjective complaints of neck and low back pain rated 6-8/10 with bilateral lower extremity numbness and tingling. A physical exam shows antalgic gait, decreased cervical spine range of motion and lumbar spine tenderness at L4-S1. The sensation was intact with mild decrease in strength. The patient has been utilizing a home exercise program, and is taking Norco, Elavil and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Terocin Pain Box (10 patches) #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 56.

Decision rationale: Terocin patches are a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. CA Chronic Pain Guidelines are clear that if the

medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. Topical NSAIDS are not recommended for neuropathic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's neck pain, there is no documentation identifying any objective or subjective benefit from adding this medication. Due to Terocin not being in compliance to current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.