

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0058738 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/28/2005 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 Family Medicine and is licensed to practice in Maryland. 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:

Patient is a 55-year-old male with a date of injury on 11/28/2005. Patient has been treated for ongoing symptoms related to his low back. Diagnoses include degenerative disc disease of lumbar spine with radiculopathy, thrombocytopenia, nephrolithiasis, depression, L5-S1 canal stenosis, and lumbar facet arthropathy. Subjective findings include low back pain with bilateral lower extremity numbness and tingling. Physical exam shows tenderness of lumbar paraspinal muscles, decreased lumbar range of motion, decreased sensation of the L4-S1 dermatomes, a positive left straight leg raise, and normal strength. Medications include Norco, Zanaflex, gabapentin, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TEROGIN PAIN PATCH BOX (10 PATCHES) WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Salicylates, Menthol.

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

Decision rationale: Terocin is 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. No other commercially approved topical formulations of lidocaine are indicated. 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. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to Terocin, not being in compliance to current use guidelines the requested prescription is not medically necessary