

Case Number:	CM13-0059067		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2009
Decision Date:	05/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 59-year-old female who reported an injury on 08/24/2009. The mechanism of injury was a fall. The injured worker's initial course of treatment is unclear; however, it is noted that she received a course of physical therapy. Subsequent to the injury sustained, the injured worker received a lumbar decompression surgery on 10/16/2012, and continues to have persistent lower back pain. She is currently under the care of a pain specialist, has persistent range of motion deficits of the lumbar spine, and is noted to be neurologically intact. The injured worker was determined to be permanent and stationary and was awarded a 16% whole person impairment, 95% of which was directly related to the work injury. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 120 ML, #2, PER 11/7/13 FORM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend topical analgesics in treating primarily neuropathic and osteoarthritic pain. Guidelines state that any compounded medication that contains at least 1 drug that is not recommended, deems the entire product not recommended. The current request for Terocin cream is a combination of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. Currently, lidocaine is only recommended in a dermal patch formulation for the treatment of neuropathic pain. No other formulations, to include creams, lotions, or gels, are indicated for use according to the MTUS Chronic Pain Guidelines. As such, the request for Terocin lotion is not medically necessary and appropriate.