

Case Number:	CM13-0059411		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2007
Decision Date:	10/17/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 38 year old female who was injured on 08/24/2007. The issues include right sided thoracic and lumbar pain with radicular pain in the right lower extremity associated with paresthasias. Seated nerve root signs are present on examination. Treatment has included Epidural Steroid Injection, Toradol and Marcaine injections, and Vitamin B12 injections. MRI of the lumbosacral spine on 06/11/2014 revealed 2mm bulges at L4-5 and L5-S1 with encroachment on the neural foramina and nerve roots. A prior EMG on 03/08/2013 was negative. There is chronic right sided thoracic and lumbar pain. There is also tenderness and pain in the right lower ribcage at the site of resection of an osteochondroma from the right 12th rib. The injured worker is taking Naproxen and Omeprazole both of which have been approved. The disputed medication is a request for Terocin Patch quantity 10 to be used topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch quantity 10: 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, 112.

Decision rationale: The guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Terocin is a compounded drug including capsaicin, menthol, lidocaine, and methyl salicylate. Topical NSAIDs have an inconsistent efficacy in clinical trials and there are no long term studies of their efficacy or safety. Capsaicin is only recommended as an option for patients who have not responded or are intolerant to other treatments. The records do not document a lack of response or intolerance to other treatments. Therefore, the request for Terocin patch quantity 10 is not medically necessary.