

Case Number:	CM13-0066491		
Date Assigned:	01/03/2014	Date of Injury:	03/25/1998
Decision Date:	04/15/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 Medicine, 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:

The patient is a 71-year-old male who was injured on 03/25/1998. The mechanism of injury is unknown. Prior treatment history has included medications including hydrocodone, tizanidine, naproxen, omeprazole and a topical analgesic, Terocin; selective nerve root blocks, acupuncture and Chinese medicine. The patient's pain has improved significantly since the L5-S1 interlaminar epidural steroid injection (ESI) on 03/25/2013. The patient underwent shoulder surgery. On 11/05/2013, the medications include: *i*· Hydrocodone/acetaminophen (Norco10) 10 mg/325 mg *i*· Naproxen sodium (Anaprox) 550 mg tab *i*· Tizanidine (Zanaflex 4 mg tab, take 1 tab by mouth twice daily as needed *i*· Omeprazole (Prilosec) 20 mg DR Cap, take 1 cap by mouth daily *i*· Lidocaine (Lidoderm) 5% Patch, Apply 3 patches to clean dry area of skin every 12 hours; apply patches only once for up to 12 hours in a 24hr period *i*· Rabeprazole (Aciphex) 20 mg EC tab, 1 tab po qd *i*· Bbimaoprost (Lumigan) 0.01% Opth Soln, 1 drop at bedtime *i*· Mupirocin 2%; apply externally *i*· Levothyroxine sodium po take by mouth daily *i*· Paroxetine HCl (Paxil), take by mouth daily *i*· Solifenacin (Vesicare) 5 mg tab, take 10 mg by mouth daily *i*· Bupropion 24hr-XL (Wellbutrin XL) 300 mg tab, take 300 mg by mouth daily *i*· Propranolol (Inderal) 20mg tab, take 20 mg by mouth three times daily Final Determination Letter for IMR Case Number [REDACTED] *i*· Fexofenadine (Allegra) 180 mg tab, take 180 mg by mouth daily Progress report (PR2) dated 11/05/2013 documented the patient was in for a follow-up regarding his low back pain. He had a lumbar epidural steroid injection (LESI) on 09/10/2013 with greater than 50% pain relief, but pain started to worsen a few weeks ago and continues to worsen. He is starting to have impaired function and difficulty with basic activities of daily living (ADLs). His wife has to help him get out of bed. He denies any loss of bowel or bladder, foot drop, impaired sensation or weakness. He feels that the only way he can get up and moving is with the pain medications. He believes that he has exhausted all possible avenues for pain

relief; medications; injections; therapy, and several other modalities with no long lasting pain relief. The patient rates his pain as a 7/10 in intensity with pain medications and as a 10/10 in intensity without pain medications. The patient has increased pain with sitting; standing; walking; bending; lifting; and lying down. He has reduced pain with injections, medications, and lying down. His pain is significantly worse since his last visit. Objective findings on exam revealed the patient has 4+/5 bilateral lower extremity strength. His sensation is reduced in the bilateral lateral legs (L5 dermatome); sacroiliac joints are tender to palpation bilaterally; patella reflexes 2 bilaterally; Achilles reflexes 1 bilaterally; Patrick's sign and Gaelsen test are unable to test secondary to pain. There is trigger point tenderness over the L4, 5 and L5-S1 lumbar paraspinals with significant myofascial restrictions. There is pain with flex/extension of the low back (50% ROM). He is unable to continue with exam secondary to pain; straight-leg-raise is positive bilaterally. PR2 notes dated 02/06/2013, 12/05/2012, and 11/08/2012 indicates the same complaints and an unchanged exam from note 11/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to MTUS guidelines, topical compounded analgesics that contain any one drug that is not Food and Drug Administration (FDA) approved as a topical agent is not recommended. Further, per the medical records, there is no documented indication for the use of this topical analgesic. Given the lack of evidence and lack of supporting documentation, this request is non-certified.