

Case Number:	CM14-0001853		
Date Assigned:	01/22/2014	Date of Injury:	09/21/1996
Decision Date:	06/13/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/06/2014

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 Illinois. 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 54 year old male with an injury reported on 09/21/1996. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/17/2013, reported that the injured worker complained of left low back pain radiating to his left foot. The physical examination findings reported deep tendon reflexes were +2 bilaterally; lumbar range of motion was limited to 45 degrees, extension was to 10 degrees, right rotation was to 45 degrees and left rotation was to 25 degrees. The injured worker's diagnoses included lumbar sprain/strain, low back pain, left sciatica, thoracic sprain/strain, and left ankle sprain/strain. The request for authorization was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 120 ML: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The injured worker complained of left low back pain radiating to his left foot. It was also noted that the injured worker's lumbar range of motion was limited to 45

degrees, extension was to 10 degrees, right rotation was to 45 degrees and left rotation was to 25 degrees. Terocin is a topical analgesic with the active ingredients of Lidocaine 4% and Menthol 4%. According to the California MTUS guidelines on topical analgesics having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. As the guidelines do not recommend Lidocaine be used topically in the form of creams, lotions, or gels, the combination of lidocaine with any other topical medication would not be recommended per the guidelines. Therefore, the request is not medically necessary.