

Case Number:	CM14-0006085		
Date Assigned:	03/03/2014	Date of Injury:	10/31/2001
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 Internal 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 injured worker is a 71-year-old male who reported injury on 10/31/2001. The documentation of 12/12/2013 revealed the injured worker had pain of a 7/10 in the low back radiating into the right leg. The diagnoses included an L5-S1 disc protrusion with right chronic L5-S1 radicular pain, status post 2002 L5-S1 laminectomy, and L4-5 disc bulge with right L4 chronic radiculopathy. The treatment plan included Terocin to reduce discogenic pain, Norco 5/325 twice a day, and for the injured worker to walk 1 mile a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN (20% METHYL SALICYLATE, 5% MENTHOL, .0375 CAPSAICIN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, ,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. The MTUS also states that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. For Capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS indicates that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS recommends treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendation. The request as submitted failed to indicate the frequency and quantity for the requested medication. The duration of use could not be established through supplied documentation. There was a lack of documentation of a trial and failure of first line therapy. Given the above, the request is not medically necessary.