

Case Number:	CM14-0102279		
Date Assigned:	07/30/2014	Date of Injury:	08/05/2010
Decision Date:	09/24/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family Practice, 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:

62 yr. old male claimant sustained a work injury on 8/5/10 involving the neck and low back. He was diagnosed with lumbar spinal stenosis and cervical strain/stenosis. He had been on Gabapentin and Norco for pain control. A progress note on 5/20/14 indicated the claimant had continued back pain with weakness in the legs. Exam findings were notable for poor balance and weakness in the legs. He had localized pain in the back. The treating physician prescribed Terocin patches for topical pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Terocin patches DOS: 5/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA 2007.

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

Decision rationale: According to the MTUS guidelines, Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches contain topical Lidocaine. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on the above guidelines, there is lack of evidence or diagnoses to support the use of Topical Terocin. Therefore, Terocin patches are not medically necessary.