

Case Number:	CM14-0109457		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2010
Decision Date:	09/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 03/03/2010. The mechanism of injury was not provided with the documentation submitted for review. The injured worker's diagnosis was noted to be lumbar myofascial pain. On 07/08/2014, it noted the injured worker with subjective complaints of left knee pain. The physical examination noted range of motion was only 50% of normal with the left knee. Tenderness was noted at L4, L5, and S1. The neurological examination was normal. It was noted that an MRI and EMG/nerve conduction study were normal and these examinations showed no provocative test to indicate any lumbar source of the thigh and leg pain. There was not a treatment plan noted with this particular examination. The rationale for the request was not provided within the review. A Request for Authorization form was also not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 240ml: Upheld

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

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

Decision rationale: The request for Terocin 240 ml is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. The guidelines indicate 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 SNRI antidepressants or an 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 California MTUS Guidelines recommend treatment with topical salicylate. Per Drugs.com, Terocin is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. The documentation failed to provide evidence of a failed antidepressant or anticonvulsant. In addition to the medication containing at least 1 non-recommended product, the request for Terocin does not indicate a dosage/frequency. As such, the request for Terocin 240 ml is not medically necessary.