

Case Number:	CM14-0012259		
Date Assigned:	06/02/2014	Date of Injury:	03/30/2000
Decision Date:	08/05/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 59-year-old male who reported an injury on 03/30/2000. The mechanism of injury was not provided for clinical review. The diagnosis included sprain of the lumbar region. Previous treatments included surgery and medication. Within the clinical note dated 12/09/2013, the injured worker reported he was status post posterior lumbar interbody fusion (PLIF) L5-S1 dated 09/20/2002. On the physical examination, the provider noted the injured worker had tenderness and decreased range of motion of the lumbar spine. He indicated the injured worker had spasms upon examination. The injured worker had X-rays of the lumbar spine which revealed a solid fusion of L5-S1. The provider requested for Terocin topical lotion, however, rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN TOPICAL LOTION 120ML 3 BOTTLES: Upheld

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

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

Decision rationale: MTUS Guidelines note topical nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note Capsaicin (found in Terocin) is recommended as an option in patients who have not responded to or are intolerant to other treatments. Topical Lidocaine (found in Terocin) is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical Lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. The injured worker has been utilizing the medication since at least 12/13/2013, which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. There is lack of documentation indicating the injured worker had tried and failed on first-line therapy. There is a lack of documentation indicating the injured worker was treated for or diagnosed with neuropathic pain. There is a lack of documentation indicating the injured worker has not responded to or is intolerant to other treatments. Additionally, the clinical documentation submitted does not indicate the efficacy of the medication as evidenced by significant functional improvement. The request submitted does not specify a treatment site, or the frequency of the medication. Therefore, the request is not medically necessary.