

Case Number:	CM14-0015327		
Date Assigned:	02/28/2014	Date of Injury:	10/09/2006
Decision Date:	07/31/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational 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 patient is a 44-year-old who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of October 9, 2006. Medical records from May 3, 2012 to January 23, 2014 were reviewed and showed that patient complained of significant low back pain graded 4-6/10 with radiation down the lower extremities, numbness, and constant tingling. Physical examination revealed tenderness and spasm over the paralumbar muscles. There was reduced lumbar ROM (range of motion) in all planes of motion. SLR (straight leg raise) test and sciatic stretch were positive bilaterally. Physical examination revealed . X-ray of the lumbar spine dated May 2, 2013 revealed narrowing of the L4-5 and L5-S1 disc space. MRI of the lumbar spine dated May 24, 2013 revealed T11-12 disc protrusion and L3-4 and L4-5 disc desiccation. EMG (electromyogram)/NCV (nerve conduction velocity) study of the lower extremities dated August 21, 2013 was unremarkable. Treatment to date has included transforaminal epidural steroid injection at L3-5 (June 30, 2011 and July 12, 2012), physical therapy, home exercise program, and pain medications. Utilization review, dated January 20, 2014, denied the request for retro pharmacy purchase for new Terocin lotion 240gm date of service September 12, 2013 because there was no documentation or rationale that the requested medication was required for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Terocin lotion 240 gm, provided on September 12, 2013: 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 Analgesics Page(s): pages 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin, Topical.

Decision rationale: Terocin lotion contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. It is a topical analgesic used temporarily to relieve mild aches and pains of muscles or joints. According to the Chronic Pain Medical Treatment Guidelines, there is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. The ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the patient was prescribed Terocin lotion since September 12, 2013. However, Terocin contains ingredients that are not recommended for topical analgesia. The guidelines clearly state that a compound cream that contains a drug class that is not recommended is not recommended. Therefore, the retrospective request for the pharmacy purchase of Terocin lotion 240 gm, provided on September 12, 2013, is not medically necessary.