

Case Number:	CM14-0017686		
Date Assigned:	04/16/2014	Date of Injury:	11/29/2011
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/12/2014

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 Ohio. 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 female with an injury reported 11/29/2011; with a reported fall as the mechanism of injury. Per the clinical note dated 02/07/2014 the injured worker complained of chronic pain to the cervical and lumbar spine rated 6/10 with medications. The orthopedic examination report dated 10/28/2013 noted the injured worker was prescribed hydrocodone (no dose provided) that was to be taken two to three times daily. Upon cervical spine examination the injured worker was able to flex her chin to within ¾ inches of her chest. The injured worker showed extension to 60 degrees in cervical spine, right lateral twist to 70 degrees and left lateral twist to 80 degrees. Resisted motor strength was recorded as 5/5 bilaterally with 4+/5 strength to the bilateral deltoids. Diagnoses included lumbar sprain/strain (847.2), sprains and strains of neck (847.0) and the request for authorization was dated 02/12/2014. This is a retrospective request for Terocin patches #10 for date of service 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/13/13) FOR TEROGIN PATCH #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 111-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

Decision rationale: The retrospective request for Terocin patch #10, for date of service 12/13/2013, is not medically necessary. The injured worker was prescribed hydrocodone two to three times daily, with a lack of evidence of the prescribed dose. The clinical documentation provided has a lack of documentation of pain medication and effectiveness. According to the CA MTUS guidelines many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Terocine is a topical analgesic with active ingredients of menthol 4% and lidocaine 4% and is used for temporary relief of minor aches and muscle pains. Furthermore, Lidoderm is the only FDA approved topical analgesic containing lidocaine. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note Lidoderm has been designated for orphan status by the FDA for neuropathic pain. The guidelines also indicate any compounded medication containing one drug or drug class that is not recommended is not recommended; therefore, the medication would not be recommended. Therefore, the retrospective request for Terocin patch # 10 is not medically necessary.