

Case Number:	CM14-0127848		
Date Assigned:	08/15/2014	Date of Injury:	03/24/2008
Decision Date:	09/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old female was reportedly injured on March 24, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of low back pain, lower extremity pain, and right elbow pain. Current medications are stated to include Percocet, naproxen, cyclobenzaprine, and Pantoprazole. The physical examination demonstrated ambulation with a slow antalgic gait and the assistance of a cane. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery with a discectomy and laminectomy at L3 - L4 and L4 - L5. A request had been made for Terocin lotion and was not certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin lotion DOS 5-3-13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Furthermore there is no known efficacy of topical menthol or methyl salicylate. Therefore this request for Terocin topical lotion is not medically necessary.