

Case Number:	CM14-0130297		
Date Assigned:	08/20/2014	Date of Injury:	03/07/2014
Decision Date:	10/27/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 39-year-old man who sustained a work-related injury on March 7, 2014. Subsequently, he developed low back pain. Lumbar x-rays dated March 14, 2014 showed degenerative changes with disc space narrowing and end plate changes at L4-5 and L5-S1. His prior treatments included medications, physical therapy, chiropractic, and acupuncture therapy. According to a progress report dated June 24, 2014, the patient has been complaining of low back pain, which he rates as 7/10. His left lower extremity symptoms have since resolved. The patient reports his symptoms were 10/10 at worse and decreased to a 5/10 at best. His physical examination revealed that range of motion was limited by pain. Bechterew's test and Kemp's test right-sided were positive for low back pain. The patient was able to perform heel to toe walk. Manual muscle testing of the lower extremities was performed and the following muscle groups were graded as 5/5: hip flexors, knee extensors, ankle dorsiflexors, toe extensors, ankle plantar flexors and knee flexors. In a progress report dated July 9, 2014, the patient reported slow but steady improvement. His medications were not effective and were discontinued (Ibuprofen caused rash, Vicodin, Valium, and flexeril are no helpful). Chiropractic treatments are proving effective in improving patient's pain levels and function. However, 2 days before the July 9th visit, his back became very painful on the right side rating the pain as high as 8-9/10. The patient was diagnosed with lumbar strain/sprain, probable lumbar DDD, lumbar stenosis, and spasm. The provider requested authorization for Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 1 gram 3 times daily for lumbar spine pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain, Salicylate topicals

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin lotion contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin lotion is not medically necessary.