

Case Number:	CM14-0136691		
Date Assigned:	09/30/2014	Date of Injury:	05/05/2014
Decision Date:	11/10/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/25/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 22 year old male who reported an injury on 5/5/2014 due to a work related injury involving lifting a heavy bag of concrete and hurting his back. His diagnosis was lumbar spine strain. His past treatments included medication, work modification, Terocin patch and lumbar APL orthosis belt. Upon his physical examination on 5/9/2014, the injured worker complains of pain in his lower back, rated the pain 6/10, with no tingling or numbness. The x-rays done on 5/7/2014, of the lumbar spine, showed a mild facet arthropathy. His current medications are Naproxen and the Terocin patches. The treatment plan was to continue his medication and apply 1 patch to the affected area. The rationale for the Terocin patch is to provide adequate pain relief, maximize the ability to return to work and eliminate the need for narcotic medication that may prevent the injured worker from performing certain job functions. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patch dispensed on 5/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm (Lidocaine patch)

Decision rationale: The request for the Terocin patches is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches contain Lidocaine 2.50%, Capsaicin 0.025%, Menthol 10% and Methyl Salicylate 25%. In regard to Lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. In regard to Capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In regard to Methyl Salicylate is significantly better than placebo in chronic pain when used as mono therapy. There is no rationale provided why Methyl Salicylate is to be compounded. For the reasons listed above the request is not supported by the guidelines. As such, the request is not medically necessary.