

Case Number:	CM14-0159407		
Date Assigned:	10/03/2014	Date of Injury:	07/02/2011
Decision Date:	12/02/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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:

This is a 47 year old male patient who sustained a work related injury on 7/2/2011. The current diagnosis includes lumbar radiculitis. He sustained the injury while lifting tires. According to the doctor's note dated 7/10/2014, patient had complaints of neck, upper back, low back, bilateral shoulder, bilateral elbow, bilateral arm, bilateral wrist, bilateral knee, and bilateral leg pain. Physical examination revealed limited lumbar range of motion, tender lumbar paraspinals, positive bilateral Kemp's tests, positive bilateral lumbar facet loading, positive left straight leg raise, decreased sensation of the left L5-S1 dermatomes, and intact motor and reflex functions of the lower extremities. The current medications list includes ibuprofen, Norflex, Tramadol ER, Theramine, Sentra PM and topical compound medications. He has had the lumbar MRI on 3/16/14 which revealed an L4-5 disc protrusion, bilateral foraminal narrowing, small bilateral facet synovial cysts, and posterior tear/fissure, and L5-S 1 left paracentral disc protrusion and left foraminal narrowing; the lumbar spine X-rays on 3/18/14 with normal findings. He has had physical therapy, acupuncture, chiropractic therapy and TENS for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patch, dispensed on 8/1/214: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... 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... Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response to antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of 1 prescription drug request generic- Terocin patches is not fully established for this patient at this time.