MAXIMUS Federal Services

Case Number:	CM14-0020805		
Date Assigned:	04/30/2014	Date of Injury:	10/28/2009
Decision Date:	10/14/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

Patient with reported date of injury on 10/28/2009. No mechanism of injury was provided for review. Patient has a diagnosis of post C4-C6 anterior cervical discectomy and fusion, thoracic sprain, R knee pain, L knee post arthroscopic surgery for degenerative joint disease, post L carpal tunnel release(3/18/11), post R carpal tunnel release(7/1/11), post L cubital tunnel release and post R cubital tunnel release and medial epicondylectomy. Medical reports reviewed. Report were reviewed until 2/28/14. Some records were sent up 6/20/14 but these more recent reports were not reviewed. The original request was done on 1/13/14 therefore more recent information does not retroactively change the criteria used for review as per MTUS guidelines. Patient complains of low back pain radiating to lower extremities associated with numbness and tingling. Objective exam reveals well healed scar to cervical spine with some paravertebral tenderness. Elbow exam is unchanged with bilateral cubital tunnel released scar. Lumbar exam reveals tenderness from mid to distal lumbar area with pain with terminal motion. Dysesthesia at L5-S1 dermatomes. Seated nerve root test is positive. R knee exam is unchanged with tenderness to joint line, positive McMurray's and patellar compression test. There is pain with terminal flexion and compression test. MRI of lumbar spine (1/21/14) revealed L5-S1 3-4mm disc bulge with compromise of bilateral exiting nerve roots. Medications include Prilosec, Lisinopril, HCTZ, Simvastatin, Cyclobenzaprine, Tramadol and Allegra. Independent Medical Review is for Terocin patch #10. Prior UR on 1/20/14 recommended certification of Cyclobenzaprine, Omeprazole and Tramadol. It recommended non-certification of Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #10: 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): 111-113.

Decision rationale: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol.1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a prior successful trial of capsaicin. It is not recommended.2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent and there is no documentation on where the patches are to be used. It is therefore not recommended.3)Methyl-Salicylate: Shown to the superior to placebo. It should not be used long term. There may be some utility for patient's pain. Pt is on it chronically. Not medically recommended.4) Menthol: There is no data on Menthol in the MTUS.Since multiple drugs are not recommended, the combination medication, Terocin is not recommended. Therefore, this request is not medically necessary.