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| Case Number: | CM14-0020930 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 08/30/2007 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/17/2014 |
| 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 New York. 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 female who was injured on August 30, 2007. The patient continued to experience low back pain. Physical examination was notable for 5/5 motor strength both lower extremities and 2+ reflexes in the lower extremities. Diagnoses included lumbar radiculopathy, left carpal tunnel syndrome, and chronic pain syndrome. Treatment included medications and TENS unit. Request for authorization for Terocin 120 mg was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 120 MG THORACIC/LUMBAR, LEFT WRIST/ELBOW: 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 Pain Interventions and Guidelines Page(s): 28,105, 111-112.

Decision rationale: Terocin is a topical multidrug compound, which contains Methylsalicylate, Lidocaine, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug

(or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The MTUS Guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There are no guidelines present for menthol. In this case the patient received multidrug compound for medication. This medication contains drugs that are not recommended. Therefore, the request for Terocin 120 mg for the Thoracic/Lumbar, left wrist and elbow is not medically necessary and appropriate.