

Case Number:	CM14-0027946		
Date Assigned:	06/20/2014	Date of Injury:	04/28/2006
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 47 year old female who reported injury to the low back on 04/28/2006 secondary to slipping on some food when clearing a table. The injured worker rated her pain an 8 on a 1-10 scale. She had positive sitting raised leg test bilaterally with pain radiating down the lower extremities, 5-/5 bilateral ankle dorsiflexors and evertors, knee flexors, and hip flexors. She had a magnetic resonance imaging (MRI) that showed evidence of L5-S1 disc protrusion causing impingement on S1 nerve roots. The injured worker had history of L4-5 disc bulge and retrolisthesis. She had past treatments of epidural steroid injections, oral medications and topical analgesic patches. Her medications were tylenol as needed, terocin topical solution, and flector 1.5% patch as needed. The treatment plan is for the retrospective request for medications terocin/new terocin (duration and frequency unknown) dispensed on 1/28/2014 for treatment of lumbar spine. The request for authorization form was signed and dated 01/31/2014. There is no rationale for the retrospective request for medications terocin/new terocin (duration and frequency unknown) dispensed on 1/28/2014 for treatment of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATIONS TEROGIN/NEW TEROGIN (DURATION AND FREQUENCY UNKNOWN) DISPENSED ON 1/28/2014 FOR TREATMENT OF LUMBAR SPINE: 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, Lidocaine Page(s): 111-112.

Decision rationale: The injured worker rated her pain an 8 on a 1-10 scale. She had positive sitting raised leg test bilaterally with pain radiating down the lower extremities, 5-/5 bilateral ankle dorsiflexors and evertors, knee flexors, and hip flexors. She had past treatments of epidural steroid injections, oral medications and topical analgesic patches. CA MTUS chronic pain medical treatment guidelines for topical analgesics states that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin is a compounded cream that contains lidocaine. The guidelines also state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Given the above the retrospective request for medications terocin/new terocin (duration and frequency unknown) dispensed on 1/28/2014 for treatment of lumbar spine is not medically necessary.