

Case Number:	CM14-0030968		
Date Assigned:	06/20/2014	Date of Injury:	10/17/2003
Decision Date:	08/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma.. 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 65-year-old male who reported an injury on 10/17/2003 when he suffered a slip and fall in a freezer at work. The injured worker had a physical examination on 01/23/2014 with complaints of diffuse low back pain. He also complained of pain radiating to the left lower extremity. The injured worker had a long history of medical problems. He has had bilateral carpal tunnel release in the past, physical therapy, and multiple surgeries. He also had a cervical fusion of the C7-T1 and a lumbar fusion L5-S1. The injured worker remained symptomatic. The injured worker has had physical therapy with no improvement. Medications for the injured worker were Neurontin 300 mg 1 tablet 3 times a day and Ultram ER 100 mg 1 tablet twice a day. He was going to be stated on a Butrans patch. The injured worker stated that his pain was much better controlled in the morning upon waking. Range of motion for the lumbar spine was within normal limits except for flexion which was limited to 40 degrees, extension was limited to 5 degrees, right side bending was limited to 10 degrees, and left side bending limited to 10 degrees. Straight leg raising was positive on the right side at 30 degrees. Diagnoses for the injured worker were lumbar postlaminectomy syndrome, cervical postlaminectomy syndrome, carpal tunnel syndrome, anxiety state, and depressive disorder. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% patch #30: 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 based on Non-MTUS Citation Daily Med <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37>.

Decision rationale: Terocin patch is a compounded medication. The MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It also states any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended for use. One of the medications in the Terocin patch is Lidocaine. Further research is needed to recommend this treatment for chronic neuropathic disorders other than postherpetic neuralgia. For non-neuropathic pain, Lidocaine is not recommended. The other ingredient of the Terocin patch is menthol. Menthol has some local anesthetic and counterirritant qualities and also acts as a weak kappa opioid receptor agonist making it an analgesic as well. It enhances the efficacy of other topical applications by increasing penetration via vasodilation. It was reported that the injured worker remains symptomatic. Improvement from the medication was not documented within the records, as the injured worker continues to complain of pain. The request as submitted also fails to include the frequency of the application of the patch. As such, the request is not medically necessary.