MAXIMUS Federal Services

Case Number:	CM14-0032154		
Date Assigned:	06/20/2014	Date of Injury:	02/05/2006
Decision Date:	07/23/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurological Surgery 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:

The injured worker is a 32-year-old female who was reportedly injured on February 5, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity with numbness and tingling in the right foot. Current medications include Norco, Remeron, and Terocin patches. Norco is stated to help reduce the injured employee's pain and allow her to be functional. The physical examination stated that the injured employee was asymptomatic and noted decreased lumbar spine range of motion. There was a request for psychiatric treatment, and magnetic resonance imaging of the lumbar spine, Terocin patches, and Norco. Diagnostic imaging studies objectified a disc protrusion at the L4/L5 level with facet changes. Nerve conduction studies showed a weak finding of an S1 radiculopathy bilaterally. A request had been made for LidoPro cream and Terocin patches and was not certified in the pre-authorization process on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 4oz #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: Terocin patches as well as Lidopro cream are combinations of Capsacin, Lidocaine, Menthol, and Methyl Salicylate. In this case, there is no peer-reviewed evidence-based medical literature which shows any topical benefit to the usage of Menthol and Methyl Salicylate. Additionally lidocaine is indicated for usage only after documented failure of a first line medication such as an antidepressant or an antiepileptic medication. The request for Lidopro cream is not medically necessary and appropriate.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26MTUS (Effective July 18, 2009), Topical analgesics, Page 111 of 127 Page(s): 111 OF 127.

Decision rationale: Terocin patches as well as Lidopro cream are combinations of Capsacin, Lidocaine, Menthol, and Methyl Salicylate. There is no peer-reviewed evidence-based medical literature which shows any topical benefit to the usage of Menthol and Methyl Salicylate. Additionally Lidocaine is indicated for usage only after documented failure of a first line medication such as an antidepressant or an antiepileptic medication. Therefore, the request for Terocin patches # 30 is not medically necessary and appropriate.