

Case Number:	CM14-0033050		
Date Assigned:	04/18/2014	Date of Injury:	06/11/2013
Decision Date:	07/02/2014	UR Denial Date:	02/13/2014
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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 57 year old male who sustained work related injuries to his low back on 06/11/13. It would appear that this was secondary to a trip and fall. Review of clinical records indicated that he had prior history of low back pain with industrial injury in 1988. He was status post decompression L4-5 and left L4-5 microdiscectomy on 01/17/03 with resolution of like pain bilaterally. Second surgery was performed on 03/19/10 in which he underwent an L1-2 hemilaminotomy, foraminotomy, and discectomy; and L2-3 and L3-4 hemilaminectomy and foraminotomy. The claimant had low back pain with subsequent radiation to lower extremities and was identified as developing a foot drop. MRI of the lumbar spine dated 06/17 notes a broad based posterior and right foraminal herniation at L2-3 and L4-5 with mild narrowing of the central canal and neural foramina bilaterally. Disc herniation was 5-6mm respectively. At L3-4 there was a 6mm broad based posterior disc herniation and 5mm L5 posterior disc herniation with bilateral neural foraminal narrowing. There was a 4mm posterior and left neural foraminal disc herniation at L1-2 with left more than right bilateral neural foraminal narrowing. There was generalized facet arthropathy utilization review determination dated 02/13/14 non-certified the request for compounded Terocin patch containing methyl salicylate, capsaicin, menthol, and 4% lidocaine #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TEROCIN PATCH (METHYL SALICYLATE, CAPSAICIN, MENTHOL AND 4% LIDOCAINE HYDROCHLORIDE), #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): 112-113.

Decision rationale: The request for compounded Terocin patch (methyl salicylate, capsaicin, menthol, and 4% lidocaine HCl) #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has significant low back pain radiating to lower extremities and is not responding to conservative management. He was further identified as having development of foot drop. CA MTUS does not support the use of topical analgesics as there as these are considered experimental/investigational. CA MTUS notes that there is little peer reviewed literature to establish safety and efficacy of topical analgesics in the treatment of chronic pain. Request is not medically necessary.