

Case Number:	CM14-0051826		
Date Assigned:	08/01/2014	Date of Injury:	09/21/2010
Decision Date:	09/09/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 09/21/2010 due to hurting her back when she pushed, then pulled the trans release bar on her 18 wheeler. The injured worker had a history of increased interscapular pain associated with intermittent headaches and lower back pain that radiated to her legs. The injured worker had diagnoses of status post left carpal tunnel decompression, left foraminal stenosis at the L3-4 and L4-5 with radiculopathy, and left AC joint arthrosis. The past surgeries included status post anterior cervical discectomy and fusion at the C6-7, an L3-4 dated 12/08/2011, a laminectomy dated 03/22/2007, status post left carpal tunnel decompression dated 09/13/2012, status post L4-5 left laminectomy dated 2004, and a cervical fusion dated 12/08/2011. The past diagnostics included x-rays, unknown level, and an MRI. The MRI on 03/21/2012 revealed degenerative changes at the left acromioclavicular joint and the 2014 MRI revealed a disc herniation at the L4-5. The past treatment Physical therapy and epidural steroid injections. The medications included Norco, Zanaflex, and Ambien, with no VAS provided. The objective findings dated 06/30/2014 a physical examination revealed a well healed incision to the lower back region with pain on palpation, guarded motion, and straight leg raise was positive bilaterally. The motor examination demonstrated diffuse weakness in the legs. The L1, L2, L3 nerves were normal bilaterally with the L5 and S1 nerve distribution decreased to the left. The current treatment included continued epidural injections and continued pain medication. The Request for Authorization form was not within documentation. The rationale for the Terocin lotion was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion quantity 240, days 20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): pages 111-113.

Decision rationale: The request for Terocin lotion quantity 240 lotion, days 20 is non-certified. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Per the documentation, there was no evidence that the injured worker was on Terocin lotion. The documentation did not provide a VAS or measureable or pain measurements. There was no indication as to the location that the Terocin lotion was to be applied. The request did not address the frequency. As such, the request is non-certified.