

Case Number:	CM14-0061263		
Date Assigned:	07/09/2014	Date of Injury:	11/10/2013
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 patient is a 47-year-old male who has submitted a claim for spinal enthesopathy associated with an industrial injury date of November 10, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain rated 2/10, and low back pain rated 2-4/10 with occasional mild radiation of pain to both lower extremities. Physical examination showed limitation of motion of the lumbar spine; inability to squat; and 4-/5 strength in the right lower extremity anterior tibialis, extensor hallucis longus and gastric soleus. The diagnoses were cervical spine enthesopathy, lumbar spine enthesopathy, and lumbar spine rule out herniated nucleus pulposus. Treatment plan includes a request for Terocin lotion. Treatment to date has included oral analgesics, back support, physical therapy, and home exercise program. Utilization review from April 10, 2014 denied the request for Terocin lotion #120. The reason for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; Topical Lidocaine, Topical Salicylates Page(s): 28, 105, 111-113.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical is significantly better than placebo in chronic pain. In this case, there was no evidence of failure or intolerance to oral pain medications that warrant topical preparation. There was no clear rationale for the request. In addition, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended. Terocin contains lidocaine that is not recommended for topical use. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Terocin Lotion #120 is not medically necessary.