

Case Number:	CM14-0062828		
Date Assigned:	07/11/2014	Date of Injury:	03/29/2012
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 and is licensed to practice in Nevada. 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 64-year-old female who was reportedly injured on March 29, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 14, 2014, indicated that there were ongoing complaints of back pain radiating to the left lower extremity down to the left foot with spasms. The physical examination demonstrated a positive left-sided straight leg raise and decreased sensation at the left foot. There was a decreased left ankle reflex. Nerve conduction studies were recommended. Diagnostic nerve conduction studies of the lower extremities did not indicate a radiculopathy. Previous treatment included lumbar spine epidural steroid injections. A request was made for Terocin patches and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The California Medical Treatment Utilization Schedule notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the injured employee has not attempted a trial of either of these classes of medications. The California Medical Treatment Utilization Schedule notes, when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request for terocin patches is not medically necessary.