

Case Number:	CM14-0069366		
Date Assigned:	07/14/2014	Date of Injury:	06/03/2013
Decision Date:	08/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 44 years old male with an injury date on 06/03/2013. According to this report, the patient complains of frequent moderate pain low back pain, and slight pain in bilateral legs. The patient continues to note improvement following LESI on 10/16/2013 and 12/04/2013. Restricted lumbar range of motion with pain and sensory evaluation is decreased in the right L5-S1 dermatomes. On 12/19/2013 report the patient is 2 week post LESI. The reports states that the injection gave him some relief of his low back symptoms for approximately three day then the pain returned to pre-injection level. Terocin topical salicylate, two tubes of 120 ml each, was dispensed to the patient. There were no other significant findings noted on this report. ■■■■■ ■■■■■ is requesting Terocin and not Teracin external lotion 0.025-10-25%. The utilization review denied the request on 05/02/14. ■■■■■ is the requesting provider, and he provided treatment reports from 12/19/13 to 01/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Teracin external lotion 0.025-10-25%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 01/23/2014 report by [REDACTED] this patient presents with low back pain and bilateral leg pain. The physician is requesting Terocin and not Teracin external lotion 0.025-10-25%. Terocin contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS guidelines page 112 on topical lidocaine recommends for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS guidelines further states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with arthritis problems to warrant a compound product with salicylate. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither lidocaine, nor salicylate are indicated for this patient. Therefore, the request for Teracin external lotion 0.025-10-25% is not medically necessary and appropriate.