

Case Number:	CM14-0072706		
Date Assigned:	07/16/2014	Date of Injury:	10/24/2013
Decision Date:	08/27/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 records presented for review, indicate that this 42-year-old male was reportedly injured on October 24, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 8, 2014, indicated that there were ongoing complaints of low back pain and cervical spine pain radiating to the left lower extremity. The physical examination demonstrated slightly decreased cervical spine range of motion and tenderness along the left sided paracervical muscles and left sided rhomboid muscles. There was decreased sensation at the left thumb, index finger, and middle finger as well as decreased left upper extremity reflexes. There was a positive left-sided Spurling's test. Examination of the lumbar spine also showed decreased range of motion and tenderness of the left iliolumbar ligament. There was decreased sensation at the dorsal aspect of the left foot and decreased strength of the left dorsi flexor and left extensor hallucis longus. There was a positive left sided straight leg raise test at 40. Diagnostic imaging of the lumbar spine noted moderate degenerative disc disease at L5-S1. Previous treatment included use of Neurontin. A request was made for Terocin Patches and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch for Numbness #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Terocin is a topical analgesic containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The California MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It also states that the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. Although the injured employee is stated not to have had relief with gabapentin and the prescriber wishes to use topical lidocaine, the other ingredients and Terocin Patches are not recommended. Therefore this request for Terocin Patches is not medically necessary.