

Case Number:	CM14-0074223		
Date Assigned:	07/16/2014	Date of Injury:	03/07/2010
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 injured worker is a 65 year old male injured on 03/07/10 due to undisclosed mechanism of injury. Diagnoses included lumbar disc disease with radiculopathy and neuropathic pain, cervical spine and thoracic spine disc disease, sacroiliac joint and facet joint arthropathy, myofascial syndrome, suprascapular neuropathy, and reactive sleep disturbance. Clinical note dated 06/19/14 indicated the injured worker presented complaining of continued severe chronic neuropathic pain partially relieved by medication regimen including Neurontin, Oxycontin, and Terocin patches. The injured worker recently had appeal for utilization review overturned for Neurontin and Oxycontin. However, Terocin patches had not been overturned. The injured worker complained of severe chronic neuropathic and myofascial pain involving the low back, mid back, upper back, neck, shoulders, legs, and feet rated 5/10 with medications. The injured worker walking with a limp and use of cane, decreased range of motion in the lumbar spine and positive straight leg raise, abnormal sensation and loss of sensation in bilateral lower extremities, tendon reflexes 0/4, weakness in the left hip, atrophy of the quadriceps muscles, pain at sciatic notches, sacroiliac joints, and facet joints. The injured worker received very good results with Terocin patch in addition to other medications. Initial request for Terocin 4% patch for the lumbar spine was non-certified on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% patch for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines No chapter given Page(s): 9, 16-19, 74, 78-79, 111-113.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This compound is noted to contain Capsaicin, Lidocaine, menthol, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Terocin 4% patch for lumbar spine is not medically necessary and appropriate.