

Case Number:	CM14-0074281		
Date Assigned:	07/16/2014	Date of Injury:	12/13/2010
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
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 Management 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:

This case involves a 56 year old male with a date of injury of 12/13/2010. The request for authorization dated 04/28/2014 is for Terocin Patch. The subjective findings are persistent low back and neck pain, he reports that the pain in his left knee is the most severe. The objective findings include gait is moderately antalgic and assisted by a cane, palpation of the lumbar spine and cervical spine reveals bilateral paraspinal tenderness, decreased left L3 to S1 dermatomes to pinprick and light touch, 4+/5 left tibialis anterior. The current diagnosis include degenerative disc disease L5-S1, L5-S1 neural foraminal narrowing bilaterally, right shoulder SLAP lesion and degenerative joint disease, and chronic pain. The patient's current treatment includes medication.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. The guidelines state that medications like Ketoprofen, Lidocaine (Creams, Lotion or Gels), Capsaicin in a 0.0375% formulation, Baclofen, Gabapentin and other muscle relaxants and Antiepilepsy drugs are not recommended for topical applications. Additionally, that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses include degenerative disc disease L5-S1, L5-S1 neural foraminal narrowing bilaterally, right shoulder SLAP lesion and degenerative joint disease, and chronic pain. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Patch is not medically necessary.