

Case Number:	CM14-0080786		
Date Assigned:	07/18/2014	Date of Injury:	09/06/2012
Decision Date:	09/22/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 48-year-old male who reported an injury on 09/06/2012. The mechanism of injury was not provided. On 04/30/2014 the injured worker presented with back pain. Upon examination, there was tenderness in the lumbar facets and paraspinal muscles with spasm present. Prior therapy included a transforaminal epidural steroid injection. The diagnoses were lumbar degenerative disc disease and lumber spondylosis. The current medication list was not provided. The provider recommended Terocin patches, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #10 for date of service 4/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Terocin is comprised of methyl salicylate, capsaicin, menthol, and lidocaine. The California MTUS Guidelines state that topical compounds are largely experimental in use

with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if the injured worker is unresponsive or intolerant to other treatments. The guidelines state that Lidoderm patch is the only topical form of lidocaine approved. The included medical documents do not indicate that the injured worker is unresponsive or intolerant to other treatments. The guidelines do not recommend topical lidocaine in any other formulation than Lidoderm. The included documents lacked evidence of a failed trial of antidepressants or anticonvulsants. The provider's request did not indicate the frequency of the medication or the site that the Terocin patch was indicated for in the request as submitted. Medical necessity has not been established.

Menthoderm to affected area up to 4 times daily for date of service 4/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines state that Lidoderm is the only formulation of lidocaine approved. Included medical documentation lacked evidence of a failed trial of antidepressants or anticonvulsants. The provider's request does not indicate the dose, quantity, or the site of which the Menthoderm ointment is intended for in the request as submitted. Medical necessity has not been established.