

Case Number:	CM14-0091071		
Date Assigned:	07/25/2014	Date of Injury:	05/27/2010
Decision Date:	09/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family 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 56 year old male injured on 05/27/10 due to undisclosed mechanism of injury. Diagnoses included lumbar disc disease status post lumbar fusion, lumbar spine stenosis, right knee pain, chronic pain, status post right knee surgery, and umbilical hernia repair. Clinical note dated 04/01/14 indicated the injured worker presented complaining of neck pain radiating to bilateral upper extremities aggravated by activity and walking. The injured worker also complained of low back pain radiating to bilateral lower extremities into the toes aggravated by activity and walking. The injured worker rated pain 7/10. The injured worker reported use of Gabapentin and transcutaneous electrical nerve stimulation (TENS) unit decreased pain and increased function and quality of life. Physical examination of the cervical and lumbar spine revealed tenderness on palpation and decreased range of motion. Prescriptions for Naproxen, Orphenadrine, Sumatriptan, Ondansetron, Omeprazole, and Tramadol, and Terocin patch provided on 05/11/14. There was no significant change in injured worker complaints or objective findings. The initial request for Terocin patch quantity thirty topical analgesic for the treatment of mild to moderate acute or chronic aches and pains was noncertified on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch, QTY: 30, topical analgesic for the treatment of mild to moderate acute or chronic aches & pain: Upheld

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

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

Decision rationale: As noted in 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 patch quantity thirty topical cannot be recommended as medically necessary.