

Case Number:	CM14-0138081		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	04/15/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 35-year-old female, who sustained a work related injury on 1/9/13. She has a cumulative injury to her lower back resulting from repetitive activities performed as a cook. The diagnoses have included lumbar spine strain/sprain and lumbar radiculopathy. Treatments to date have included medications, x-rays of lower back, physical therapy, acupuncture and a MRI lumbar spine. In the PR-2 dated 5/22/14, the injured worker complains of frequent low back pain. She describes the pain as dull, achy and sharp. She rates the pain a 6/10. She states at best, the pain is a 4/10 and at worst, it is 6-9/10. She states the pain is relieved by rest, therapy and medications. The pain is made worse by activity. She has tenderness to touch over lumbar musculature. She has decreased range of motion in lower back. The treatment plan is the injured worker was provided with Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch Box # 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patch #20 is not necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains methyl salicylate 25%, menthol 10%, Capsaicin 0.025% and lidocaine 2.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; lumbar radiculopathy; adjustment disorder; insomnia; idiopathic peripheral autonomic neuropathy; an unspecified disorder of autonomic nervous system. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine in non-lidocaine form) that is not recommended is not recommended. Consequently, Terocin patch is not recommended. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of first line (AED's and antidepressants) treatment failure with these medications. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Terocin patch #20 is not necessary.