

<b>Case Number:</b>	CM14-0187694		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/29/2008
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; epidural steroid injection therapy; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for Terocin and Medrox dispensed on various occasions in 2014. The applicant's attorney subsequently appealed. In a February 6, 2014 progress note, the applicant reported ongoing complaints of low back pain, highly variable, currently rated at 2/10, reportedly improved following a recent epidural injection on January 14, 2014. The applicant was using Methadone, Neurontin, and Terocin, it was acknowledged. The attending provider stated that this combination of medications was effective. Multiple medications were refilled. The applicant was asked to perform home exercises. The applicant's work status was not furnished. On March 5, 2014, the applicant was given prescriptions for Neurontin, Protonix, Methadone, Naprosyn, and topical Terocin. Epidural steroid injection therapy was again endorsed. The applicant was permanent and stationary with permanent restrictions in place, it was suggested. It did not appear that the applicant was working with said limitations in place. On May 23, 2014, the applicant again presented with persistent complaints of low back pain. Multiple medications were renewed, including Methadone, Neurontin, Naprosyn, and Terocin. Additional physical therapy was sought. The applicant's work status was not clearly outlined. In a July 24, 2014 progress note, the applicant again presented with persistent complaints of low back pain, left sided. Methadone, Neurontin, Protonix, Naprosyn, and Medrox were prescribed while epidural steroid injection therapy was sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin for dates of service 02/06/2014, 0306/2014, 05/23/2014 and 06/24/2014:** 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 Lidocaine Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide

**Decision rationale:** Terocin, per the National Library of Medicine (NLM), is an amalgam of lidocaine and Menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line antidepressant adjuvant medications and/or anticonvulsant adjuvant medications, in this case, however, the applicant's ongoing usage of Neurontin, a first-line anticonvulsant adjuvant medication, effectively obviates the need for the lidocaine-containing Terocin patches at issue. Therefore, the request was not medically necessary.

**Medrox for the date of service 07/24/2014:** 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 Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Medrox Medication Guide

**Decision rationale:** Medrox, per the National Library of Medicine (NLM), is an amalgam of Menthol, Capsaicin, and Methyl Salicylate. While page 28 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments, in this case, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Methadone, Neurontin, Naprosyn, etc., effectively obviated the need for the Capsaicin-containing Medrox patches at issue. Therefore, the request was not medically necessary.