

Case Number:	CM14-0190690		
Date Assigned:	11/24/2014	Date of Injury:	02/21/1990
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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, 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 February 21, 1998. In a Utilization Review Report dated October 16, 2014, the claims administrator failed to approve a request for topical Terocin patches. The claims administrator stated that its decision was based on a progress note dated October 8, 2014. In an October 29, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into left lower extremity. The applicant was on Wellbutrin, Ativan, Tenormin, metformin, glipizide, naproxen, aspirin, Lidoderm, Norco, and Flexeril on a regular basis and was using Soma on a p.r.n. basis. The applicant's comorbidities included diabetes, anxiety disorder, depression, and hypertension. The applicant was asked to continue Lidoderm, Norco, naproxen, and Prilosec. In an October 8, 2014 progress note, the applicant again reported "intractable" low back pain. Lidoderm and Norco were refilled while the applicant was asked to start Terocin patches. A lumbar support was also continued. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Analgesics Page(s): 28, 111. 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 methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first-line oral analgesic and adjuvant medications, including Norco, naproxen, Wellbutrin, Flexeril, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" capsaicin-containing Terocin compound at issue. Therefore, the request is not medically necessary.