

Case Number:	CM14-0190727		
Date Assigned:	11/24/2014	Date of Injury:	05/25/2011
Decision Date:	01/09/2015	UR Denial Date:	11/13/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 36 year old male with an injury date of 05/25/11. Based on the 06/11/14 progress report, the patient complains of back pain and radiating left leg pain which he radiates as a 5/10. Lumbar flexion causes back and left calf pain. Straight leg raise on the left also causes back pain. The L5-S1 interspace is tender. The 07/30/14 report states that the patient feels better and rates his pain as a 0/10. The 10/27/14 report indicates that the patient has returned to work and is tolerating work well. No additional exam findings were provided. The 06/08/12 MRI of the lumbar spine revealed the following: 2-mm L3-L4 and 3-mm L4-L5 disc bulges with a 1.7 x 0.8 cm L4-L5 disc protrusion close to the exiting L4 and L5 nerve roots, and 3-mm L5-S1 disc bulge with moderate canal and L5 foraminal narrowing. The patient's diagnoses include L4-L5 disc extrusion and L5-S1 disc bulge. The utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 06/11/14 - 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Relief Cream 240 units 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: According to the 10/27/14 report, the patient presents with mild low back pain. The request is for Terocin pain relief cream 240 units, 30 day supply. The initial request for Terocin cream appears on the 10/27/14 report. Terocin cream is considered a topical analgesic and contains Methyl Salicylate, Capsaicin, Lidocaine and Menthol. MTUS guidelines page 112 on topical Lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For Salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither Lidocaine nor salicylate is indicated for this patient. Therefore, this request is not medically necessary.