

Case Number:	CM14-0199437		
Date Assigned:	12/09/2014	Date of Injury:	03/24/2009
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal 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 (IW) is a 32-year-old woman with a date of injury of March 24, 2009. The mechanism of injury occurred as the IW was installing a cable in an attic resulting in a pulled muscle in her right calf. The injured worker's working diagnoses are thoracic/lumbosacral radiculopathy and sprain/strain of the right knee. The IW has also been diagnosed with depression. Pursuant to the progress reports in dated October 21, 2014, the IW presents for a follow-up. The IW complains of low back pain and right leg pain rated 8/10. . Objective documentation indicated severe depression. She ambulates with a cane. Low back severe tenderness and limited range of motion. Right knee range of motion is limited. The IW is currently taking Gabapentin 600mg, Cymbalta 30mg, Flexeril 7.5mg, and Terocin patches. Documentation in the medical record indicated the IW has been using Terocin since March 5, 2013. There were no pain assessments or evidence of objective functional improvement associated with the long-term use of Terocin patches. The current request is for Terocin patches #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Terocin Patches between 10/23/2014 and 12/7/2014: 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): 111-113. 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, #10 Terocin patches between October 23, 2014 and December 7, 2014 is not medically 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream lotion or gel is indicated for neuropathic pain. Terocin contains lidocaine and menthol. In this case, the injured worker is 32 years old with a date of injury March 24, 2009. Her working diagnoses are thoracic/lumbosacral radiculopathy; and sprain/strain of the right knee. Lidocaine is recommended only in the Lidoderm patch. No other commercially approved form of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. Any compounded product that contains at least one drug (lidocaine) that is not recommended is not recommended. Additionally, the documentation does not indicate the injured worker suffering with pain from a neuropathic etiology. Terocin was first prescribed on March 5 of 2013 according to the documentation. The documentation does not reflect significant objective functional improvement to base its continued use. Consequently, absent the appropriate form of lidocaine in the Terocin patch and documentation lacking in neuropathic etiology, #10 Terocin patches between October 23, 2014 and December 7, 2014 is not medically necessary.