

Case Number:	CM15-0002133		
Date Assigned:	01/13/2015	Date of Injury:	01/24/2014
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male who reported an injury on 01/24/2014. The mechanism of injury was not submitted for review. The injured worker has diagnoses of multilevel lumbar spondylosis with associated disc protrusions and a probably pars defect at L5 and chronic low back syndrome. Past medical treatment consists of physical therapy, chiropractic therapy, and medication therapy. Medications include Flexeril and Terocin lotion. On 03/31/2014, the injured worker underwent an MRI, which revealed protrusion at L5-S1. There was also L5 spondylosis with possibly left pars defects. There was a disc protrusion at L4-5 as well as L3-4. On 10/14/2014, the injured worker complained of lumbar back pain. Physical examination noted evidence of acupuncture cupping with a circular discoloration of the left low back. Lumbar flexibility was self limited to 25% of expected due to discomfort. Lower body range of motion otherwise was normal limits. Sensation was decreased in the left L5-S1 distribution. Straight leg raising was positive on the left for low back and buttocks pain. Medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (anesthetic). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: The request for Terocin lotion is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin, an ingredient in Terocin, is recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS Guidelines further indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include a tricyclic, SNRI, or AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Terocin lotion is a topical analgesic containing capsaicin, lidocaine, menthol, methyl salicylate. The submitted documentation indicated that the injured worker had low back pain. However, there was no indication of the efficacy of the medication, nor was there any assessment submitted for review indicating what pain levels were before, during, and after medication administration. Additionally, the request as submitted did not indicate a frequency, duration, or a dosage, nor did it indicate or specify a location of the medication. There were no other significant factors provided to justify the use outside of current guidelines. Given the above, the request would not be indicated. As such, the request is not medically necessary.