

Case Number:	CM15-0004829		
Date Assigned:	01/16/2015	Date of Injury:	10/29/2012
Decision Date:	03/13/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53 year old male, who sustained an industrial injury on October 29, 2012. The injured worker has reported low back pain. The diagnoses have included pseudoarthrosis of lumbar spine, right gluteal bursitis and depression secondary to chronic low back pain. Treatment to date has included pain medication, physical therapy, injections, bone stimulator, aquatic therapy, lumbar medial branch block and acupuncture. The injured worker underwent an exploration, re-instrumentation and treatment symptomatic pseudoarthrosis of lumbar four- sacral one in June of 2014. He also had a lumbar decompression done in December of 2013. Current documentation dated December 9, 2014 notes the injured worker reported significant improvement in symptoms in the past six months. His activities have increased as well as his depression. On January 2, 2015 Utilization Review non-certified a request for Terocin topical analgesic times 2 bottles. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Terocin topical analgesic times 2 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin topical analgesic, two bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". In this case, topical lidocaine is not indicated. As such the request for Terocin topical analgesic, two bottles is not medically necessary.