

Case Number:	CM15-0019925		
Date Assigned:	02/09/2015	Date of Injury:	04/28/2006
Decision Date:	04/17/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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, Pain Management

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 49 year old female, who sustained an industrial injury on 4/28/06. She has reported back injury after slipping and falling. The diagnoses have included lumbar radiculopathy. Treatment to date has included medications, lumbar injections, massage therapy and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/5/15, the injured worker complains of low back pain with right much greater than left lower extremity pain. The current medications included Terocin topical solution, Tylenol, Synthroid and Levothyroxine. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/25/06 revealed posterior bulge and disc degenerative changes. It was noted that the injured worker has been finding the Terocin solution to be very helpful. She cannot tolerate Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) due to severe gastrointestinal upset. The Terocin alleviates the burning low back and radicular pain, allowing her to be more functional. It was also noted that she feels that the low back pain is under control without oral medications as long as she uses the Terocin solution. She has now been able to do some walking on a regular basis for exercise. She has had 3-4 sessions of massage therapy, which was somewhat helpful; however this has expired and she would like an extension. The physical exam of the lumbar spine revealed tenderness to palpation on the right and 50 percent of normal forward flexion. The back pain was rated 6/10 on pain scale. The Treatment Plan included extension of massage therapy for a total of 3 treatments for lumbar muscle spasms, authorization for Terocin topical solution 1 month supply for neuropathic pain, Home Exercise Program (HEP) to continue and return to clinic in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin topical solution, one month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Terocin is not medically necessary.