

Case Number:	CM15-0130133		
Date Assigned:	07/16/2015	Date of Injury:	09/12/2014
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 27 year old male, who sustained an industrial injury on September 12, 2014. He reported falling off a ladder landing on a fence and hitting the right side of his chest and was then thrown backwards onto concrete. The injured worker was diagnosed as having lumbar radiculopathy and low back pain. Treatments and evaluations to date have included physical therapy, x-rays, CT scan, MRI, electrodiagnostic study, and medication. Currently, the injured worker complains of low back pain, and left lower extremity numbness, tingling, and weakness. The Treating Physician's report dated June 18, 2015, noted the injured worker reported constant severe low back pain that he rated as a 7/10, relieved somewhat by his medications. The injured worker's current medications were listed as Baclofen, Cyclobenzaprine, Doc-Q-Lace, Gabapentin, Ibuprofen, Lidoderm patch, Nabumetone, Norco, Omeprazole, Percocet, and Terocin patches. The injured worker was noted to remain off work. The neurological examination was noted to show diminished light touch sensation in L5 and S1 left side dermatomal distribution. The treatment plan was noted to include a trial of Gabapentin, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% patch x 1 box of 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication of Terocin patch contains the active ingredients of Lidocaine and Menthol. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy of tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an antiepilepsy drug (AED). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the [REDACTED] for neuropathic pain and 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". Any topical agent with Lidocaine is not recommended if it is not Lidoderm, therefore the Lidocaine in the Terocin patches is not recommended making the entire compounded medication not recommended. Menthol is not discussed in the MTUS. The treating physician's request did not include the site of application and as such, the prescription is not sufficient. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Terocin patches. The request is not medically necessary.