

Case Number:	CM15-0131213		
Date Assigned:	07/17/2015	Date of Injury:	11/18/2013
Decision Date:	09/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/07/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 44 year old male, who sustained an industrial injury on 11/18/2013 when he reported injuring his lower back. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar spine sprain/strain with right lower extremity radiculopathy, right knee sprain/strain, and sleep disturbance. Treatment and diagnostics to date has included lumbar spine MRI which showed disc bulging and disc protrusion, nerve conduction velocity studies of the lower extremities, which showed evidence of peripheral neuropathy of the bilateral lateral plantar and right medial plantar motor nerves, physical therapy, use of IF (interferential) unit, chiropractic treatment, acupuncture, lumbosacral epidural steroid injection, and medications. In a progress note dated 05/13/2015, the injured worker presented with complaints of low back pain, right lower extremity pain with numbness and tingling, and erectile dysfunction. Objective findings include lumbar tenderness to palpation, mild atrophy to right leg, tenderness over medial knee joint, and positive McMurray's test. The treating physician reported requesting authorization for Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical agents Page(s): 111.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical Terocin is not medically appropriate and necessary.