

Case Number:	CM15-0133155		
Date Assigned:	07/21/2015	Date of Injury:	01/28/2002
Decision Date:	09/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 51 year old female who sustained an industrial injury on 01-28-2002. Mechanism of injury was repetitive lifting and moving products. Diagnoses include lumbar-lumbosacral disc degeneration, myofascial pain syndrome, sacroiliac sprain-strain and long term use of other medications. Her medical history includes alcohol abuse, anxiety, osteoarthritis, rheumatoid arthritis, depression, hypertension and OCD. Treatment to date has included diagnostic studies, medications, massage, physical therapy, chiropractic sessions, Toradol injections for flare ups, and home exercises. Current medications include Naproxen, Alpha Lipoic Acid, Amitriptyline, Amlodipine, Magnesium Citrate and Vitamin C. She is not working. A physician progress note dated 06-18-2015 documents the injured worker complains of moderate pain in her low back and hips. She has more thigh pain to the medial thigh. Her pain is deep and aching and burning. She has numbness to the left thigh and foot mostly in her 2nd and 3rd toes. She is depressed. She rates her pain as 7 out of 10 at its best and at its worst it is 9 out of 10. Lumbar range of motion is painful and near full range of motion. There is tenderness to palpation of the paravertebral muscles on both sides. Lumbar facet loading is negative. Faber is positive bilaterally, and there is tenderness noted over the piriformis muscle on the right side and over the sacroiliac joint on both sides. Right hip range of motion is restricted and painful. The injured worker has been on Terocin in the past and felt it was helpful. The treatment plan includes, pain management counseling, and physical therapy. Treatment requested is for New Terocin Lot, 30 day supply, Qty 120, 0 refills, (retrospective DOS 6/22/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

New Terocin Lot, 30 day supply, Qty 120, 0 refills, (retrospective DOS 6/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical analgesics Page(s): 105; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement, pain relief, remaining not working from treatment already rendered for this chronic 2002 injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications. The New Terocin Lot, 30 day supply, Qty 120, 0 refills, (retrospective DOS 6/22/15) is not medically necessary and appropriate.