

Case Number:	CM15-0140035		
Date Assigned:	08/04/2015	Date of Injury:	08/25/2014
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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 49 year old male, who sustained an industrial injury on 08-25-2014. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar sprain and lumbar disc disease with radiculopathy. Treatment to date has included medication, lumbar epidural steroid injection, chiropractic therapy and physical therapy. In a progress note dated 06-18-2015, the injured worker reported 8 out of 10 pain in the low back radiating to the bilateral lower extremities and groin. Objective findings were notable for restricted range of motion of the lumbar spine, hypertonicity, tenderness and tight muscle band bilaterally in the lumbar paravertebral muscles, spinous process tenderness at L4, facet tenderness at right L5, inability to walk on the heel, positive lumbar facet loading test on the right side, deep buttock pain with internal rotation of the femur, positive straight leg test and decreased sensation to light touch over the anterior thigh and groin on the left side. Work status was temporarily totally disabled. A request for authorization of Terocin patch 4% #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure in fact patient was prescribed Amitriptyline. Ongoing use of Terocin has reportedly decreased pain but documentation is subjective only. It is not recommended due to no documentation of prior treatment failure and efficacy. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at failure of trial with a 1st line agent and there is no documentation on where the patches are to be used. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. Since all components are not recommended, the combination medication Terocin, as per MTUS guidelines, is not recommended.