

Case Number:	CM15-0148426		
Date Assigned:	08/11/2015	Date of Injury:	05/24/2014
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 27 year old male patient who sustained a work related injury May 24, 2014. While moving a large spool of electrical wiring weighing approximately 150 pounds with a co-worker, he felt a sudden severe sharp pain in the right genital area and right groin. The pain traveled to the right flank and later developed groin and testicular pain with immediate swelling. The diagnoses include chronic groin pain; concomitant right lumbar spine pain; paresthasias right distal lower extremity; history of gout. Per the doctor's note dated 4/28/15, he had complaints of lumbar pain and right groin pain. Per the doctor's note dated 3/31/15, he had acute right lumbar spasm and chronic pain with radiation to the right lower extremity, numbness and paresthasias of the bilateral feet with chronic right groin pain Per the physical medicine's physician's follow-up visit dated February 11, 2015 he had complaints of chronic right lumbar pain with radiation to the distal right lower extremity with numbness and paresthasias of the right foot, and chronic right groin pain. The physical examination revealed tenderness over the right quadratus lumborum muscles, positive straight leg raise on the right side and decreased sensation in the distal right lower extremity. According to a physical medicine and rehabilitation consultation performed January 22, 2015, he had complaints of dull aching pain in the lumbar spine; right foot colder than his left foot, in the toes and heels specifically. The physical examination revealed tenderness over the right lumbar spine. The medications list includes terocin patch, ibuprofen, Relafen and flexeril. He has had lumbar spine MRI which revealed multilevel disc protrusion. Other therapy done for this injury was not specified in the records provided. At issue, is the retrospective request for authorization for Terocin patches (dispensed 2-11-2015, 3-11-2015, 3-11-2015 and 5-26-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patches apply twice a day (dispensed on 2/11/15, 3/11/15, 3/31/15 and 5/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical capsaicin Page(s): 28.

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

Decision rationale: Retrospective Terocin patches apply twice a day (dispensed on 2/11/15, 3/11/15, 3/31/15 and 5/26/15). Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Retrospective Terocin patches apply twice a day (dispensed on 2/11/15, 3/11/15, 3/31/15 and 5/26/15) was not fully established for this patient.