

Case Number:	CM15-0160013		
Date Assigned:	08/26/2015	Date of Injury:	12/06/2005
Decision Date:	09/28/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old female, who sustained an industrial injury on December 6, 2005, incurring low back and right shoulder injuries after tripping over a sand box. Magnetic Resonance Imaging of the lumbar spine revealed bulging discs. She was diagnosed with lumbago, lumbar spondylosis and thoracic lumbar radiculitis. Treatment included physical therapy, topical analgesic patches, anti-inflammatory drugs, pain medications, muscle relaxants and activity restrictions. Currently, the injured worker complained of ongoing low back pain and right shoulder pain. Her back pain radiated into her leg causing numbness and tingling into the foot. Her current pain level increased to 8 out of 10 and was aggravated by standing and sitting. The treatment plan that was requested for authorization included retrospective prescription for Terocin (Lidocaine-Menthol) patch for date of service June 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin (Lidocaine/Menthol) patch 4% #30 for DOS 6/30/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2005 and continues to be treated for right shoulder and radiating back pain. When seen, her low back was doing well. Her main concern was the right shoulder. She was having constant pain aggravated with overhead movements. Physical examination findings included pain with right shoulder range of motion and localized tenderness. Medications on 06/09/15 were Naprosyn, tramadol, and Flexeril. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments in a non patch formulation with generic availability that could be considered. This medication is not medically necessary.