

Case Number:	CM15-0163988		
Date Assigned:	09/01/2015	Date of Injury:	11/18/2013
Decision Date:	10/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 44 year old male, who sustained an industrial injury, November 18, 2013. The injury was sustained while lifting a hose. The injured worker previously received the following treatments functional capacity evaluation, Norco, Omeprazole, Capsaicin cream, Lidocaine Patches, random toxicology laboratory study which was negative for any unexpected findings, acupuncture, lumbar spine MRI, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities and epidural steroid injection with 50% improvement in pain for the first two days, on May 8, 2015. The injured worker was diagnosed with lumbar strain and or sprain with right lower extremity radiculopathy and erectile dysfunction with under lying multilevel disc protrusion and right knee sprain and or strain difficulty falling asleep, depression, right knee strain and or sprain, lumbar spondylosis and lumbar disc protrusion. According to progress note of June 29, 2015, the injured worker's chief complaint was low back pain. The injured worker rated the pain at 8 out of 10. The pain radiated into the left lower extremity with associated numbness and tingling. The physical exam noted decreased sensation of the lower extremities which revealed decreased sensation to light touch of the L5 and S1 nerve root distribution bilaterally, right greater than the left. The treatment plan included a prescription for Terocin Lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 120ml: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding Lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, "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." In this case, topical lidocaine is not indicated. As such the request for Terocin lotion 120ml is not medically necessary.