

Case Number:	CM15-0166276		
Date Assigned:	09/03/2015	Date of Injury:	01/15/2015
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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 48 year old female who sustained an industrial injury on 1-15-15. She had complaints of mid, low back pain and right leg numbness. Treatments include medication, chiropractic care and epidural steroid injections. Progress report dated 7-16-15 reports continued complaints of lower back pain that radiates to the right leg with pins and needles that come and go. The pain is rated 5 out of 10. Diagnosis is lumbar radiculopathy. Plan of care includes: request chiropractic treatment 2 times per week for 4 weeks, request Terocin patch 4-4% to reduce pain without oral medications use and improve function. Work status: medically temporarily totally disabled. Follow up in 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 30 Terocin patches 4-4% (DOS 7/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) - 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 sustained a work-related injury in January 2015 and is being treated for low back pain and right lower extremity numbness. When seen, she had completed 4 chiropractic treatments and undergone a recent lumbar epidural steroid injection. Pain was rated at 5/10. There was lumbar tenderness with muscle spasms and trigger points and bilateral posterior superior iliac spine tenderness. There was positive straight leg raising and decreased right lower extremity sensation. There was a slow and antalgic gait. Gabapentin, Nabumetone, tramadol, and Terocin patches were prescribed. 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 with generic availability in a non-patch formulation that could be considered. Oral medication continues to be being prescribed without apparent intolerance. This medication is not medically necessary.