

Case Number:	CM15-0185103		
Date Assigned:	09/25/2015	Date of Injury:	09/11/2013
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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 57 year old male sustained an industrial injury on 9-11-13. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis, sacroiliac joint dysfunction and right hip pain. The injured worker underwent microdecompression on 2-2-15 and lumbar laminectomy revision at L4-5 and L5-S1 on 7-14-15. Additional treatment included physical therapy, epidural steroid injections, injections and medications. In a PR-2 dated 9-2-15, the injured worker complained of ongoing low back pain rated 7 out of 10 on the visual analog scale. The injured worker reported having nearly complete resolution of posterolateral leg pain but now had new onset right hip and anterior quadriceps pain. Physical exam was remarkable for 5 out of 5 bilateral lower extremity strength, increased right groin pain with internal hip rotation, "normal" sensation in bilateral lower extremities and negative bilateral straight leg raise. The treatment plan included continuing medications (Cymbalta, Cyclobenzaprine and Terocin patches), requesting a transcutaneous electrical nerve stimulator unit and physical therapy. On 9-15-15, Utilization Review non-certified a request for Terocin DIS 4-4% #30. The patient sustained the injury while throwing to open a metal door. The medication list includes Cymbalta, Ibuprofen, Cyclobenzaprine, Vicodin, Advil, Vicodin and Terocin patches. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system patient do not have any complaints of gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin DIS 4-4%, Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patches contain Menthol 4% and Lidocaine 4%. 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 anti-depressants and anti-convulsants 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". Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia". Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of anti-depressants and anti-convulsants have failed. Intolerance or lack of response of oral medications is 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 also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The request for Terocin DIS 4-4%, Qty 30 is not medically necessary or fully established in this patient.