

Case Number:	CM15-0186668		
Date Assigned:	09/28/2015	Date of Injury:	02/26/2013
Decision Date:	11/06/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina
 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 2-26-2013. The injured worker is undergoing treatment for: severe spinal stenosis multilevel, severe facet joint arthropathy bilateral in the lumbar spine, status post right knee replacement (2003), and radiculopathy in the lower extremity. On 8-28-2015, he reported low back pain with numbness and tingling down both legs especially with prolonged activity such as standing or sitting. Physical findings revealed him to be hunched over, walking with an antalgic gait, decreased range of motion to the lumbar spine, and positive straight leg raise testing bilaterally with the left side being noted as "not as severe as it had been before". There is also tenderness in the low back and the deep tendon reflexes are absent at the Achilles. He indicated that with medications his pain is reduced by 50 percent. There is no specific discussion regarding Terocin patches documented within the medical records. The treatment and diagnostic testing to date has included: medications, AME (2-24-15), CT scan of the right knee and lumbar spine (8-30-13), hinged knee brace, at least 10 physical therapy sessions. Medications have included: Diclofenac, Omeprazole, transdermal creams, Tramadol, Flexeril, Naproxen, Neurontin. There is notation of Lidocaine patches being prescribed in 2013. The records are unclear regarding when Terocin patches were prescribed. Current work status: unclear. The request for authorization is for: Terocin patches quantity 30 no refill (apply one patch daily). The UR dated 9-21-2015: non-certified the request for Terocin patches quantity 30 no refill (apply one patch daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patches #30 no refill, (apply 1 patch daily 04/14/2015):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.