

Case Number:	CM15-0191300		
Date Assigned:	10/05/2015	Date of Injury:	10/10/2001
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 40 year old male injured worker suffered an industrial injury on 10-10-2001. The diagnoses included lumbar radiculopathy, chronic intractable lumbar pain, lumbago, lumbar sprain, and lumbosacral sprain. On 9-9-2015 the treating provider reported the pain was rated 6.5 out of 10. The pain was 7 out of 10 without medication and 5.5 out of 10 with medication. There was numbness in the low back. On exam there was bilateral tenderness of the lumbar spine and right SI joint with tenderness and positive compression with decreased range of motion. He reported Cymbalta was not tolerated. The provider noted Terocin was ordered to decrease use of oral medication, non-steroidal anti-inflammatory drugs and Norco. The Utilization Review on 9-18-2015 determined non-certification for Terocin Dis 4-4%, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Dis 4-4%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Salicylate Topicals.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine (an anesthetic) and 4% menthol (a pain reliever). The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation contained no discussion reporting special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty unspecified units of Terocin (topical 4% lidocaine with 4% menthol) is not medically necessary.