

Case Number:	CM15-0191402		
Date Assigned:	10/05/2015	Date of Injury:	11/05/2011
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
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: Arizona, 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:

The injured worker is a 42 year old male, who sustained an industrial injury on November 5, 2011, incurring lower back, chest wall and hip injuries. He was diagnosed with lumbar degenerative disc disease, lumbar spondylolisthesis and lumbar radiculitis. Treatment included epidural steroid injection with temporary relief. Other treatment included physical therapy, heat, massage, transcutaneous electrical stimulation unit, pain medications, topical analgesic patches and diagnostic imaging, and Electromyography and Nerve Conduction Velocity studies. Currently, the injured worker complained of persistent lower back pain extending into the right thigh. He had tingling into the right leg and noted his symptoms improved with rest and increased with prolonged sitting and standing. Sciatica testing was positive on the right side. The treatment plan that was requested for authorization on September 29, 2015 included a prescription for Terocin Patch for date of service July 20, 2015. On September 2, 2015, a request for a prescription for Terocin Patch was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch for date of service 7/20/15: 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: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Methyl Salicylate is a topical NSAID that can be used briefly for those with arthritis. In this case, there is no documentation of failure of 1st line medications. The claimant does not have arthritis. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.