

Case Number:	CM15-0191572		
Date Assigned:	10/05/2015	Date of Injury:	05/23/2013
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 57 year old male, who sustained an industrial injury on May 23, 2013, incurring mid and low back injuries. Magnetic Resonance Imaging of the lumbar spine revealed lumbar disc disease from a hyperextension back injury. He was diagnosed with lumbosacral disc degeneration, thoracic spine pain and myalgia. Treatment included pain medications, neuropathic medications, physical therapy and home exercise program, chiropractic sessions, transcutaneous electrical stimulation unit, and activity restrictions. Currently, the injured worker complained of persistent back with numbness of the bilateral upper legs rating his pain level 7 out of 10 on a 0 to 10 pain scale. He noted relaxation, breathing exercises and ice the most helpful in relieving his pain. The increased lower back pain interfered with his daily activities of living including, bathing, grooming, household chores, sleeping. Prolonged sitting and standing exacerbated the low back pain. The treatment plan that was requested for authorization on October 29, 2015, included a prescription for Terocin Patch 4%, #30. On September 14, 2015, a request for a prescription for Terocin Patch was denied 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 4% #30: 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): Salicylate topicals, Topical Analgesics.

Decision rationale: Terocin Patch 4% #30 is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Patches is Menthol and Lidocaine. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay, which has Menthol in it and is medically used per MTUS for chronic pain. Terocin contains Lidocaine which per MTUS guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no documentation that patient is intolerant to other oral medications or treatments or has failed the trial of first line therapy. It is not clear why the patient would require Menthol in addition to Lidocaine in a patch form. The request for Terocin patches is not medically necessary.