

Case Number:	CM15-0199103		
Date Assigned:	10/14/2015	Date of Injury:	09/03/2003
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old female who sustained an industrial injury on 9-3-2003. Diagnoses include thoracic-lumbosacral radiculopathy, sacroiliitis, lumbosacral spondylosis, lumbago, and hip and pelvis joint pain. Documented treatment includes epidural steroid injections with noted relief for up to 20 months with the last one being 9-25-2014, radiofrequency ablation, facet injections, and a pain management report dated 6-15-2015 states the injured worker has "failed activity modification with home exercise program." The injured worker has been treated with medication including Norco, Fenopufen, Cyclobenzaprine, Gabapentin and Terocin patch 4 percent lidocaine applied to the left hip once daily. Medication is stated to control the injured worker's pain without side effects or adverse reactions, and improves function including participation in activities of daily living. Documentation is not available showing onset of use of these medications. On 7-15-2015 the injured worker is documented as reporting "severe left-sided L4-L5 radiculopathy with intractable pain, radiating down the left leg." Pain on that day was rated as 6 out of 10. Characterization was not provided. The treating physician's plan of care includes over-the-counter Terocin patches 4 percent lidocaine #30 with one refill. This was denied on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Terocin patch 4% Lidocaine #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/terocin-lotion.html>.

Decision rationale: The injured worker sustained a work related injury on 9-3-2003. Diagnoses Include thoracic-lumbosacral radiculopathy, sacroiliitis, lumbosacral spondylosis, lumbago, and hip and pelvis joint pain. Treatments include epidural steroid injections, radiofrequency ablation, facet injections, pain management, and a home exercise program. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Terocin patch 4% Lidocaine #30 with 1 refill. Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains capsaicin, lidocaine, menthol and methyl salicylate. While capsaicin, and lidocaine are recommended topical analgesics, they are recommended only as specific formulations, while Menthol is not recommended. Therefore, the requested treatment is not medically necessary.