

Case Number:	CM15-0206508		
Date Assigned:	10/23/2015	Date of Injury:	07/22/2013
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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:

This is a 58 year old male who sustained a work-related injury on 7-22-13. Medical record documentation on 8-5-15 revealed the injured worker was being treated for lumbar spine sprain-strain. He reported no change in his clinical symptoms and rated his constant low back pain a 4 on a 10-point scale. Objective findings were not documented in the 8-5-15 evaluation. His treatment plan included Norco 10-325 mg, topical creams and Terocin Pain Patch. Previous treatment included Acupuncture therapy with minimal relief and previous chiropractic therapy adjustments caused increased pain. Previous medications included Tramadol, Flexeril, and Prilosec. A request for Terocin pain patch #20 was received on 10-2-15. On 10-8-15, the Utilization Review physician determined Terocin pain patch #20 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch #20: Upheld

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

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

Decision rationale: This patient receives treatment for chronic pain involving a lower back strain. This relates back to an industrial work claim dated 07/22/2013. The level of pain is graded 4/10 by the patient. The patient received acupuncture and chiropractic. The physical exam was not well documented in the records provided. The medications prescribed for the patient include Norco 10/325 mg. This review addresses a request for the Terocin patch. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Terocin contains methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and Lidocaine 2.50%. Methyl salicylate is an NSAID. NSAIDs are not medically indicated to treat chronic pain in its topical form. Capsaicin is an irritant derived from the chile pepper. Capsaicin has been studied to treat some cases of post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain when other treatments have been tried and failed. Menthol is a topical irritant that is not medically indicated to treat chronic pain. Lidocaine may be medically indicated to treat some cases of peripheral neuropathy, which this patient does not have. The request for Terocin pain patch #20 is not medically necessary.