

Case Number:	CM15-0207130		
Date Assigned:	10/23/2015	Date of Injury:	10/06/2009
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

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 48 year old male, who sustained an industrial injury on 10-6-09. The injured worker was being treated for lumbar radiculitis, lumbar fusion and acquired spondylolisthesis. On 10-8-15, the injured worker complains of low back pain radiating to left buttocks with numbing to outside of upper leg. He is not currently working. Physical exam was not recorded on 10-8-15. Physical exam performed on 8-24-15 revealed restricted lumbar range of motion, decreased sensation in left lower extremity, tenderness to palpation of low back, crepitus of left knee and slow but normal gait. Treatment to date has included oral medications including Naprosyn, Tramadol, Hydrocodone 10-325mg, Venlafaxine 37.5mg and Venlafaxine ER 37.5mg; physical therapy, lumbar epidural steroid injections, lumbar micro discectomy and activity modifications. On 10-8-15 request for authorization was submitted for Terocin lotion dispensed on 9-30-15. On 10-13-15 request for Terocin lotion dispensed on 9-30-15 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:

Retrospective Terocin lotion 2.5-0.025-10-25%: 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: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic Terocin lotion contains topical Lidocaine. MTUS guidelines state regarding topical Lidocaine, "recommended for localized peripheral pain after there has been a trial of a first-line treatment." The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Therefore, this request for Terocin lotion is not considered medically necessary.