

Case Number:	CM15-0027776		
Date Assigned:	02/20/2015	Date of Injury:	05/08/2013
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 female who sustained an industrial injury to her lower back when pulling on empty boxes on May 8, 2013. She has not responded to conservative measures. A magnetic resonance imaging (MRI) performed on January 21, 2014, demonstrated a 1mm left disk herniation at L5-S1 abutting the left L5 and S1 nerve roots, no canal stenosis, multilevel disc degeneration, mild spondylosis and minimal retrolisthesis of L2-L3 and L3-L4. The injured worker was diagnosed with mechanical low back pain and lumbar spondylosis. According to the treating physician's report on November 17, 2014, the injured worker continues to experience low back pain and aching without radiation to the lower extremities. According to the evaluation of the lumbar spine there was decreased range of motion, positive straight leg raise, positive radiculopathy and decrease sensation over left L5-S1. Current medications consist of Robaxin, Ambien, Cyclobenzaprine, Naproxen, Terocin and Xanax. Treatment modalities ordered and dispensed through the physician's office on November 17, 2014 consist of physical therapy, transcutaneous electrical nerve stimulation (TEN's) and medication. The treating physician requested authorization for Retrospective Terocin lotion, DOS: 11/20/14. On January 21, 2015 the Utilization Review denied certification for Retrospective Terocin lotion, DOS: 11/20/14. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin lotion, DOS: 11/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin lotion contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed a neuropathic pain. Based on the above Terocin lotion is not medically necessary.