

Case Number:	CM15-0029412		
Date Assigned:	02/25/2015	Date of Injury:	08/16/1985
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 8/16/85. The documentation noted on 6/13/14 noted that the injured worker has complaints of neck pain, fracture of thoracic vertebral body, compression fracture of lumbar spine and closed fracture of calcaneus. The injured worker's pain radiating into his right post thigh has decreased duration with having acupuncture. He reports that his orthotics does help, but he still continues to have pain lumbar back pain, numbness in his right leg and his right foot and ankle are sore and his ankle grinds. The diagnoses have included myocardial infarction, acute, anterior wall 1.16.14; closed fracture foot, calcaneus; stain of lumbar region; lumbar radiculopathy; closed fracture vertebra, lumbar; fracture vertebra, thoracic; sprain of neck and paresthesia of lower limb. According to the utilization review performed on 1/30/15, the requested Retrospective Lyrica 100mg QTY 20; 1 capsule 2 times daily has been certified. The requested Retrospective Terocin Lotion (apply 4 times daily) has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Lotion (apply 4 times daily): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with chronic cervical, lumbar and thoracic spine pain. The current request is for RETROSPECTIVE TEROGIN LOTION (APPLY 4 TIMES DAILY). The medical records do not include any discussion regarding this medication. Terogin contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS Guidelines p112 on topical lidocaine states, "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not allow any other formulation of Lidocaine other than in a patch form, rendering the entire compounded lotion invalid. The requested Terogin Lotion IS NOT medically necessary.