

Case Number:	CM15-0212040		
Date Assigned:	10/30/2015	Date of Injury:	09/28/2012
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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:

The injured worker is a male who sustained an industrial injury on September 28, 2012. The worker has been previously deemed as permanent and stationary. The worker is being treated for: probable left AC osteoarthritis; right thoracic disc protrusion, facet arthropathy with facet syndrome, lumbar. Subjective: April 23, 2015 he reported continues with thoracic and lumbar pain along with the development of left shoulder pain, shortly after the injury. May 18, 2015 he reported 5% reduction in his thoracic and lumbar pain. August 24, 2015 he reported continued to experience back pain radiating into left leg. Objective: April 23, 2015 noted thoracic kyphosis, lumbar flexion 70 degrees, and extension 35 degrees, extension rotation bilaterally caused back pain. May 18, 2015 noted SLR positive bilaterally at 45 degrees without pain, tenderness at the L5 S1 interspace, and bilateral patellar and Achilles reflexes absent with toes down going. Diagnostic: MRI thoracic spine 2013, radiographic study thoracic August 2015, and left shoulder. Medication: April 23, 2015: dispensed Protonix, Relafen, and Fexmid and also requires Terocin patches to apply to thoracic and lumbar spine. May 18, 2015: Terocin patches, Protonix. August 24, 2015: Lyrica, Protonix, Relafen, Medrox patches and Fexmid. September 28, 2015: Terocin patches, Relafen, Protonix, Fexmid, and Lyrica. Treatment: daily walking program, medications both topical and oral, urological consultation ruling out neurogenic bladder, AC joint injection August 24, 2015, ice application. On October 05, 2015 a request was made for Terocin patches 4% Menthol, 4% Lidocaine #3 boxes that was noncertified by Utilization Review on October 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Terocin patches 4% Menthol, 4% Lidocaine - 3 boxes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Compound Drugs.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. The request for Compound Medication: Terocin patches 4% Menthol, 4% Lidocaine - 3 boxes is not medically necessary and appropriate.