

Case Number:	CM15-0030553		
Date Assigned:	02/24/2015	Date of Injury:	09/17/2004
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old male, who sustained an industrial injury on 9/17/04. He has reported pain in the back related to lifting a heavy object. The diagnoses have included L5-S1 disc protrusion and chronic radicular pain. Treatment to date has included oral and topical medications. As of the PR2 dated 1/12/15, the injured worker reports increased back and left leg pain and some left foot numbness. The treating physician requested to continue Terocin Lotion (20 Percent Methyl Salicylate, 10 Percent Menthol, .025 Percent Capsaicin and 2.5 Percent Lidocaine) 240 Units 2 Tubes 120 Grams. On 1/16/15 Utilization Review non-certified a request for Terocin Lotion (20 Percent Methyl Salicylate, 10 Percent Menthol, .025 Percent Capsaicin and 2.5 Percent Lidocaine) 240 Units 2 Tubes 120 Grams. The utilization review physician cited the MTUS guidelines for topical analgesics. On 1/20/15, the injured worker submitted an application for IMR for review of Terocin Lotion (20 Percent Methyl Salicylate, 10 Percent Menthol, .025 Percent Capsaicin and 2.5 Percent Lidocaine) 240 Units 2 Tubes 120 Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion (20 Percent Methyl Salicylate, 10 Percent Menthol, .025 Percent Capsaicin and 2.5 Percent Lidocaine) 240 Units 2 Tubes 120 Grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities or any evidence of further clinical reasoning for the requested compound over other conservative methods makes the requested treatment not medically indicated.