

Case Number:	CM15-0031005		
Date Assigned:	02/24/2015	Date of Injury:	02/20/2007
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: North Carolina, Georgia
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 56 year old female, who sustained an industrial injury on 02/20/2007. She has reported low back pain. The diagnoses have included lumbar sprain; disc protrusion/bulge; facet arthropathy; disk degeneration; spondylolisthesis; and hip bursitis. Treatment to date has included medications and physical therapy. Medications have included Norco, Motrin, and Biofreeze. A progress note from the treating physician, dated 09/30/2014, documented a follow-up visit with the injured worker. The injured worker reported worsened low back pain radiating to the left hip and down the left lower extremity to the toes, with numbness and tingling in the left foot and toes; and she uses a cane for ambulatory assistance. Objective findings included tenderness to palpation over the left sacroiliac joint; spasm of the paralumbar musculature; and straight leg raise test is positive on the left. Request is being made for a prescription for Terocin ointment. On 01/20/2015 Utilization Review non-certified a prescription for Terocin ointment 240 ml (120 ml x 2). The CA MTUS was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a prescription for Terocin ointment 240 ml (120 ml x 2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin ointment 240ml (120ml x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin topical contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Terocin topical is not medically necessary and the original UR decision is upheld.