

Case Number:	CM15-0035351		
Date Assigned:	03/03/2015	Date of Injury:	06/21/2013
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 32 year old male who sustained a work related injury on June 21, 2013, after lifting a gurney with a heavy patient on it incurring lower back pain. He was diagnosed with lumbar disc displacement, low back pain with spasms and lumbar radiculopathy. Treatments included chiropractic sessions, anti-inflammatory drugs, pain medications, shockwave therapy and lumbar support. Currently, the injured worker continued to complain of chronic back pain and spasms. On March 3, 2015, a request for one prescription of Terocin Patches #30 that was dispensed on October 3, 2014, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 10/3/14): Terocin Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, Topical Compounding Medications, page 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service October 3, 2014 Terocin patch #30 is not necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are low back pain with spasms; lumbar disc displacement; and rule out radiculopathy, lumbar region. The most recent progress note from the treating/requesting physician is dated July 11, 2014. The date of service question is October 3, 2014. The July 11, 2014 progress note states the Terocin patch is 'used for pain relief'. There is no specific clinical indication in the progress note for its application. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, absent clinical documentation with a specific clinical indication, in addition to, topical analgesics being largely experimental with few controlled trials, retrospective date of service October 3, 2014 Terocin patch #30 is not necessary.