

Case Number:	CM15-0042089		
Date Assigned:	03/12/2015	Date of Injury:	01/18/2011
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 a work related injury on January 18, 2011, after lifting heavy plants, twisted and injured his back. He complained of back pain with numbness radiating into his legs. Treatment included diagnostic imaging, physical therapy, back support, light work duty and medications. Magnetic Resonance Imaging (MRI) revealed degenerative joint disease of the lumbar spine. He was diagnosed lumbar degenerative joint disease. Currently, the injured worker complained of constant, severe pain in the low back with restricted motion. He was diagnosed with chronic lumbosacral strain. Authorization was requested for Terocin patches for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Lidoderm (lidocaine patch). p56-57 (3) Topical Analgesics, p111-113 Page(s): 60, 56-67, 11-113.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain with a diagnosis of a chronic lumbosacral strain. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the prescribing of Terocin in a patch form was not medically necessary.