

Case Number:	CM15-0057013		
Date Assigned:	04/01/2015	Date of Injury:	05/22/2000
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/25/2015

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, North Carolina
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 52-year-old female, who sustained an industrial injury on May 22, 2000. She reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy and degenerative disc disease. Treatment to date has included diagnostic studies, medications and activity modifications. Currently, the injured worker complains of low back pain with radiating pain to the left lower extremity. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted the severity of the findings did not warrant surgical intervention. It was noted she was able to maintain function with the use of medications. Evaluation on March 11, 2015, revealed continued pain as noted. Medications were adjusted and renewed

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Terocin patch one a day Qty: 60.00: Upheld

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

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

Decision rationale: The request is for Terocin patch, which contains Methyl salicylate, capsaicin, menthol and lidocaine. Lidocaine patches are the only topical patch recommended by the CA MTUS. Lidocaine in this formulation is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topicals are primarily recommended when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of most topical agents. While lidocaine administered alone is recommended for localized peripheral pain, any compounded product that contains at least one drug that is not recommended is not recommended. Menthol and methyl salicylate are not recommended. Therefore, this request for Terocin patches is not medically necessary or appropriate.