MAXIMUS Federal Services

Case Number:	CM15-0083683		
Date Assigned:	05/08/2015	Date of Injury:	08/01/2002
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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
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 63 year old female, who sustained an industrial injury on August 1, 2002 while working in construction. The injured worker was carrying a pipe and experienced an onset of low back pain. The injured worker has been treated for low back and bilateral knee complaints. The diagnoses have included lumbar disc extrusion, lumbar radiculopathy, lumbar post-laminectomy syndrome, status post left total knee arthroplasty, right knee end-stage osteoarthritis and depression. Treatment to date has included medications, radiological studies, Supartz injections, physical therapy, caudal epidural steroid injection, psychological testing, a home exercise program and lumbar surgery in 2005 and 2013. Current documentation dated March 23, 2015 notes that the injured worker reported low back pain radiating to the right anterior thigh and left lateral calf with associated numbness. Objective findings included full strength in the lower extremities with continued decreased sensation in the left lateral calf. A straight leg raise test was negative bilaterally. Crepitus was noted in the right knee. The treating physician's plan of care included a request for Terocin Patches, duration and amount unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch (duration and amount unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.