

Case Number:	CM15-0086426		
Date Assigned:	05/08/2015	Date of Injury:	03/11/2014
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female who sustained an industrial injury on 3/11/14. The mechanism of injury is unclear. Currently she complains of right leg weak and numb at end of the day. She also exhibits stiffness and achiness in the neck and back. Pain level was 8/10. On physical exam of the lumbar spine she has deep buttock pain with internal rotation of the femur. She has a positive straight leg raise on the right and positive Faber test on the right. Medications are ibuprofen, Lidocaine cream, Iron. Diagnoses include low back pain; lumbar discogenic disorder; lumbar radiculopathy; long-term use of medications. Treatments to date include epidural steroid injection with some pain relief. Diagnostics include MRI of the lumbar spine (5/13/14) showing L5-S1 right partial disc extrusion and mild diffuse decreased T1 marrow signal. In the progress note dated 3/30/15 the treating provider's plan of care includes a request for Terocin patch for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4%, apply one patch to affected area; 12 hours on, 12 hours off, Qty 30, no refills (prescribed 3-30-15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics

Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin Patch 4%, apply one patch to affected area; 12 hours on, 12 hours off, Qty 30, no refills (prescribed 3-30-15) is not medically necessary and appropriate.