

Case Number:	CM15-0089673		
Date Assigned:	05/14/2015	Date of Injury:	05/27/2010
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 34 year old female who sustained an industrial injury on 05/27/2010. Current diagnoses include lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis, sleep disturbance, and chronic pain syndrome. Previous treatments included medication management, hot and cold treatments, and chiropractic treatments. The injured worker initially injured her back when she slipped and fell. Report dated 04/09/2015 noted that the injured worker presented with complaints that included low back pain that radiates to her right leg with pins and needles sensation and weakness in her lower extremities. Pain level was 8 out of 10 on a visual analog scale (VAS). It was noted that the injured worker has trialed several medications in the past which included codeine, Motrin, and Flexeril. Current medication regimen includes codeine sulfate. Physical examination was positive for restricted lumbar range of motion due to pain, spasm and tenderness on the right side of the paravertebral muscles, tenderness in the spinous process, straight leg raise is positive on the right, tenderness of the sacroiliac spine, decreased sensation over the lateral calf on the right, and dysesthesias are present over the lateral calf on the right. The treatment plan included prescriptions for cyclobenzaprine, Lidopro ointment, naproxen sodium, omeprazole, and Terocin patches, requests for chiropractic therapy, acupuncture, psychological therapy and treatment, MRI of the lumbar spine, and lumbar brace. Disputed treatments include Terocin DIS 4-4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin DIS 4-4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/terocin.html>.

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

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin contains topical lidocaine. The MTUS states that other than a dermal patch, other formulations of lidocaine, including creams, gels and lotions are not approved for neuropathic pain. A compounded topical cream containing lidocaine is thus not recommended by MTUS. This request is thus deemed not medically necessary or appropriate.