

Case Number:	CM14-0118922		
Date Assigned:	08/06/2014	Date of Injury:	07/11/2011
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old male who reported an injury after trying to move a heavy pallet on 07/11/2011. The clinical note dated 04/03/2014, indicated a diagnoses of herniated nucleus pulposus of the lumbosacral spine with bilateral left greater than right L5-S1 radiculopathy. The injured worker reported continued ongoing pain to his low back that radiated to both lower extremities, left worse than right. Physical examination noted there was pain to palpation from L4-S1, mid spine, and left and right paraspinal musculatures. Flexion and extension were normal, bilateral rotation was 40 degrees, and bilateral tilt was 40 degrees. The injured worker's treatment plan included medications and follow-up in 4 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco and Lodine. The provider submitted a request for Terocin lotion for the low back for date of service 05/14/2014. A Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin lotion for low back, date of service 05/14/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for retrospective request for Terocin lotion for low back, date of service 05/14/2014 is not medically necessary. Terocin contains methyl salicylate, Capsaicin, menthol, and lidocaine. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker was intolerant to other treatments. Moreover, there was lack of evidence in the documentation to indicate the injured worker has postherpetic neuralgia, diabetic neuropathy, or post meniscectomy pain to warrant the use of capsaicin. Additionally, the guidelines only recommend topical lidocaine in the formulation of the dermal patch Lidoderm. Per the guidelines, any compounded product that contains at least 1 drug (or 1 drug class) that is not recommended is not recommended. Moreover, the request does not indicate a frequency, quantity, or dosage. Therefore, the request for retrospective request for Terocin lotion for low back, date of service 05/14/2014 is not medically necessary.