

Case Number:	CM14-0124834		
Date Assigned:	09/16/2014	Date of Injury:	12/21/2012
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/07/2014

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 Preventive 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:

According to the records made available for review, this is a 30-year-old male with a 12/21/12 date of injury. At the time (6/11/14) of request for authorization for Terocin Patch box (10 patches), there is documentation of subjective (ongoing low back pain and left wrist pain) and objective (limited lumbar range of motion, positive lumbar facet provocation, decreased sensation over the right L3, L5 and S1 dermatomes, and decreased strength of the left lower extremity) findings, current diagnoses (multilevel herniated nucleus pulposus of the lumbar spine with stenosis, lumbar radiculopathy, facet arthropathy of the lumbar spine, and left wrist possible tear of the scapholunate interosseous ligament), and treatment to date (acupuncture, chiropractic care, transcutaneous electrical nerve stimulation (TENs) unit, and lumbar rhizotomy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch box (10 patches): Upheld

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

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of multilevel herniated nucleus pulposus of the lumbar spine with stenosis, lumbar radiculopathy, facet arthropathy of the lumbar spine, and left wrist possible tear of the scapholunate interosseous ligament. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Patch box (10 patches) is not medically necessary.