

Case Number:	CM14-0126409		
Date Assigned:	10/01/2014	Date of Injury:	02/25/2013
Decision Date:	11/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/08/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 39 year old employee with date of injury of 2/25/2013. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, sciatica and HNP L3-4, 4 mml. Subjective complaints include severe pain in the lower back that radiates to the right leg. She has two trigger points, right sciatic notch and right lumbosacral region both which were given injections. Objective findings include trigger points, straight leg raise is positive on the right. She has sciatic radiculopathy across the S1 distribution with decreased sensation. She has negative sensation on the S1 plantar aspect. Positive Lasegue. Treatment has consisted of trigger point injections, Anaprox, Prilosec, Terocin Lotion, Ultram ER and epidural injections X2. The patient thinks she has had prior injections, but not epidurals. The physician states on 6/10/2014 that the patient has failed conservative measures to include oral medications, activity modification, PT and rest. The utilization review determination was rendered on 7/7/2014 recommending non-certification of Terocin lotion 180mg #1 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 180mg #1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/menthol-topical-oral-mucous-membrane.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did document a trial and failure of conservative treatment. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, topical lidocaine is not indicated. As such the request for Terocin Lotion 180mg #1 with 3 refills is not medically necessary.