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| Case Number: | CM14-0133371 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 08/06/2012 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 Physical Medicine and Rehabilitation 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 patient is a 44 year old female with date of injury 08/06/2012. The treating physician report dated 07/18/14 indicates that the patient presents with pain affecting her right buttock, lower back, and neck. The physical examination findings reveal pain with extension of the cervical spine and lumbar spine. Zanaflex and Gabapentin give the patient 30-40% relief. The MRI report of the lumbar spine shows mild disc desiccation at three levels. The patient rates her pain 8/10. Prior treatment history includes piriformis injection, physical therapy, medication, psychological evaluations, chiropractic treatments, and aquatic therapy. The current diagnoses are: 1. Radiculopathy, Lumbar2. Fibromyalgia/ myositis3. Radiculopathy, Cervical4. Muscle Spasm5. Lumbar Spine PainThe utilization review report dated 07/28/2014 denied the request for Terocin Patch 4% #60 patches based on evidence of success with first trial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: The patient presents with with pain affecting her right buttock, bilateral lower extremities, lower back, and neck. The current request is for Terocin Patch 4% #60 patches. Terocin is a compounded medication, which includes Lidocaine, Capsaisin, Salicylates and Menthol. The MTUS guidelines on page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). A review of the reports provided shows no discussion of failure of prior first line therapy prior to the request of this topical product and the MTUS guidelines do not support the usage of salicylate topical, an NSAID for the treatment of lower back pain. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lumbar pain and radicular pain for which topical NSAID is not indicated and the usage of lidocaine for this patient is not supported by MTUS. Recommendation is for denial.