

Case Number:	CM14-0149059		
Date Assigned:	09/18/2014	Date of Injury:	08/31/2013
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/13/2014

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 Geriatrics and is licensed to practice in New York. 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 57-year-old woman with a date of injury of 8/31/13. She was seen by her provider on 8/6/14 with complaints on ongoing low back pain with improvement with acupuncture. She is also status post epidural injections and chiropractic rehabilitation. She noted that Terocin patches decreased pain. Her exam showed an antalgic gait and use of a cane. She had tenderness to palpation in her lumbar spine and paraspinal musculature on the left. She had decreased range of motion in all planes and decreased sensation in the left L4, L5 and S1 dermatomes. She had minimally decreased left lower extremity strength and hyperreflexia. She had a positive straight leg raise, slump test and facet loading bilaterally. Her diagnoses included lumbar spine HNP, lumbar degenerative disc disease and facet arthropathy and radiculopathy and facetogenic low back pain. She was to continue Naproxen and Methoderm gel. At issue in the review is the Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (7/10/2014) 1 Box of Terocin pain patches (10 patches): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: This injured worker has chronic back pain. Terocin includes topical Lidocaine and Menthol. Topical Lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are largely experimental with few randomized 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. Given the lack of evidence and the fact that she is already receiving oral NSAIDs and other therapies, such as acupuncture, which are effective, the records do not provide clinical evidence to support medical necessity for the prescription of Terocin in this injured worker.