

Case Number:	CM14-0096280		
Date Assigned:	07/25/2014	Date of Injury:	08/15/2012
Decision Date:	10/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 35 year-old male was reportedly injured on August 15, 2012. The mechanism of injury is noted as a repetitive trauma type event. The most recent progress note, dated March 17, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a non-tender to palpation of lumbar region, a decrease in lumbar spine range of motion, and negative straight leg raising bilaterally. Deep tendon reflexes were intact and motor function was described as 5/5. No sensory loss was identified and there was no atrophy. Diagnostic imaging studies were not reported. Previous treatment includes multiple medications, physical therapy, epidural steroid injections, and other pain management interventions. A request had been made for Terocin patch and was denied in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS guidelines support topical Lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is considered not medically necessary.