

Case Number:	CM14-0138646		
Date Assigned:	09/05/2014	Date of Injury:	11/19/2013
Decision Date:	06/19/2015	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35-year-old male, who sustained an industrial injury on 11/19/2013 involving a vehicular accident. He reported moderately, severe constant low back pain. Treatment to date has included medications, MRI of the lumbar spine, physical therapy and chiropractic care. According to a progress report dated 07/28/2014, the injured worker continued to complain of constant low back pain. Physical examination of the lumbar spine demonstrated paralumbar muscle spasm and restricted range of motion and trunk mobility especially lateral bending to the right. Gait was normal without the use of any assistive devices. Strength was 5/5 in the upper and lower extremities. There was no sensory loss in any extremity. Reflexes were normoactive and symmetrical. Impression was noted as chronic lumbosacral strain and lumbar spinal stenosis per MRI. Treatment plan included Terocin patch #30 containing Menthol 4% and Lidocaine 4%, transcutaneous electrical nerve stimulator unit rental for 2 month and physical therapy for flare-ups in the future. Currently under review is the request for Terocin patch #30.

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 Topicals. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin patch, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, there is no evidence of localized peripheral neuropathic pain after failure of first-line treatment. Given all of the above, the requested Terocin patch is not medically necessary.