

Case Number:	CM14-0165076		
Date Assigned:	10/10/2014	Date of Injury:	10/13/2010
Decision Date:	01/16/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 American Board Internal Medicine 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 injured worker (IW) is a 53-year-old man with a date of injury of October 13, 2010. The mechanism of injury occurred when the IW was removing tiles using a metal bar with a blade at the end. He struck a couple of large screws in the ground that caused a ricochet motion causing the IW to feel immediate sharp pain to the right shoulder and low back. The current diagnosis is lumbar radiculopathy. Pursuant to the most recent progress note dated April 7, 2014, the IW complains of constant low back pain radiating to the lower extremities with numbness and tingling rated 5/10. Medications provided include Omeprazole 20mg, Zolindo 2% cream, Methoderm gel, Terocin pain patch, Ambien 10mg, Ativan 1mg, and Percocet 10/325mg. Objectively, lumbar spine range of motion flexion is 35 degrees, extension at 10 degrees, right lateral extension at 10 degrees, and left lateral extension at 10 degrees. The current request is for Terocin 240mg. The area of the body to be applied was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 240ml: 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 Page(s): 111-113.

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Terocin 240 MLs is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Menthol is not recommended. Lidocaine in Lidoderm patch is indicated for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether cream, lotion or gel) is indicated for neuropathic pain. In this case, the injured worker is 53 years old with a date of injury October 13, 2010. He is status post right shoulder surgery and has persistent low back pain radiating to the lower extremities. The injured worker has been Terocin lotion since November 4, 2013. The directions state "apply to the affected area". Menthol is not recommended. Menthol and methyl salicylate are at the same concentration as ultra-strength Ben Gay. Lidocaine in lotion form is not indicated for neuropathic pain. Menthol is not recommended. Any compounded product that contains at least one drug (lidocaine in lotion form and menthol) that is not recommended, is not recommended. Consequently, Terocin lotion is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin lotion 240ml. is not medically necessary.