

Case Number:	CM14-0212013		
Date Assigned:	01/23/2015	Date of Injury:	04/29/2009
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 April 29, 2009. The mechanism of injury is documented as a cumulative trauma. The injured worker's working diagnoses are brachial neuritis or radiculitis; cervical disc protrusion with myelopathy; lumbar disc protrusion; lumbar radiculopathy; bilateral elbow medial epicondylitis; left lateral elbow epicondylitis; left bicipital tendinitis; right chondromalacia patella; left patella tendinitis; and depression. Pursuant to the primary treating physician's progress report dated October 24, 2014, the IW complains of frequent headaches, neck pain, and low back pain. The neck pain radiates to the bilateral upper extremities with numbness and tingling. The back pain radiates to the bilateral lower extremities with numbness and tingling. Cervical spine examination reveals decreased range of motion (ROM), spasms, and tenderness to palpation. Examination of the lumbar spine reveals decreased ROM. Straight leg raise test is positive bilaterally. Femoral stretch test is positive bilaterally. The IW ambulates with an antalgic gait. Current medications include Tramadol 100mg, Omeprazole 20mg, Xanax 1mg, Terocin patch, and Mentherm gel. The current request is for Terocin lotion 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Terocin lotion #120mls is not medically necessary. Terocin lotion contains methyl salicylate, capsaicin, menthol, and Lidocaine in a lotion base. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is not FDA approved for topical application. Other than Lidoderm, no other commercially approved topical formulation of lidocaine is indicated for neuropathic pain. In this case, the injured worker's diagnoses are brachial neuritis or radiculitis; cervical disc protrusion with myelopathy; lumbar disc protrusion; lumbar radiculopathy; bilateral elbow medial epicondylitis; left lateral elbow epicondylitis; left bicipital tendinitis; right chondromalacia patella; left patella tendinitis; and depression. Lidocaine lotion is not recommended/indicated the neuropathic pain. Methyl salicylate is not FDA approved for topical application. Any compounded product that contains at least one drug (methyl salicylate and lidocaine in lotion) that is not recommended is not recommended. Consequently, Terocin lotion is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, this request is not medically necessary.