

Case Number:	CM14-0212091		
Date Assigned:	01/02/2015	Date of Injury:	01/15/2010
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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 & Rehabn

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 patient is a 35-year-old female with an injury date of 01/15/2010. Based on the 06/25/2014 progress report, the patient complains of neck pain and lower back pain. She rates her back pain as a 6/10 to 7/10 and her neck pain as a 3/10 to 4/10. She describes burning pain in her neck, burning and stabbing pain in her back, which radiates down the top of the thigh. The patient also continues to have numbness and tingling in the bilateral hands and feet. The 09/24/2014 report states that the patient has burning pain in her neck which she rates as a 4/10. She has pain in the lower back, mostly on the right side, with intermittent cramping. This back pain radiates to her right hip and she has numbness in the bilateral feet. The patient states there is numbness, pins and needles, and a decreased sensation to the feet. She has pain radiating from her back, to the right hip, and down the groin area. She has significant tenderness to palpation over the lumbar spine with palpable right paraspinal lumbar spasms, has diffuse tenderness to palpation in the lumbar spine as well as over the right SI joint, has a positive FABER's test on the right side, a positive Gaenslen's test on the right, and a positive Fortin's on the right. The 10/22/2014 report indicates that the patient rates her neck pain as a 7/10. She continues to have pain in her lower back with intermittent cramping and this pain radiates into her right hip, and she has numbness in her bilateral feet. No additional positive exam findings were provided on this report. The patient's diagnoses include the following: 1.HNP at C5-C6 with canal stenosis. 2.Cervical and lumbar myofascial pain. 3.HNP with bilateral foraminal stenosis at L3-L4 and L4-L5. 4.Medication-induced gastritis. 5.Iliac crest insertional pain with symptomatic improvement after trigger point injections. 6.Right sacroiliitis. The utilization review determination being

challenged is dated 11/19/2014. There are treatment reports provided from 01/06/2014 - 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terrocin cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105, 111-113, 78-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Hip and Pelvis Chapter, Sacroiliac joint blocks; pain chapter, Salicylate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

Decision rationale: The patient presents with neck pain and lower back pain, which radiates into her right hip. The request is for TEROGIN CREAM #1. The reason for the request is not provided. Terocin cream is considered a topical analgesic and contains methyl salicylate, capsaicin, lidocaine, menthol. MTUS Guidelines page 112, on topical lidocaine, states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressant or an AED such as gabapentin or Lyrica)." Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." The patient has tenderness to palpation over her lumbar spine with palpable right paraspinal lumbar spasms and tenderness to palpation over her lumbar spine/right SI joint. On the right side, the patient has a positive FABER's, positive Gaenslen's, and a positive Fortin's test. MTUS Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. Terocin cream consists of lidocaine, which is not indicated as a topical formulation by MTUS Guidelines. Therefore, the requested Terocin cream IS NOT medically necessary.