

Case Number:	CM14-0216051		
Date Assigned:	01/06/2015	Date of Injury:	01/13/2014
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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

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 44-year-old male, with a reported date of injury of 01/13/2014. The results of the injury were low back pain and right leg pain. The current diagnoses include lumbar intervertebral displacement, herniated nucleus pulposus, and lumbar radiculopathy. The past diagnosis includes lumbar spine sprain/strain. Treatments have included eight (8) sessions of physical therapy, with some success, Neurontin 300mg, Naprosyn 500mg, Flexeril 5mg, Vicodin 10mg, which caused constipation, an MRI of the lumbar spine on 09/30/2014, which showed a right disc protrusion, loss of water at L2-3, L3-4, L4-5, and L5-S1, and right L3-4 disc bulge that mildly narrowed the lateral recess. The physical therapy reports were not included in the medical records provided for review. The physical medicine and rehabilitation consultation report dated 11/11/2014 indicates that the injured worker complained of back pain and radiating right leg pain. He rated the low back pain a 6-7 out of 10, and the leg pain was rated a 4-5 out of 10. The injured worker noted that he had right leg discomfort when driving for 40 minutes. The pain is aggravated by sitting, bending, lifting, and driving, but is relieved by lying on his back. A physical examination of the low back showed flexion at 60 degrees; extension at 20 degrees; straight leg raise test on the right at 45 degrees and on the left at 45 degrees, with mid-back pain; and tenderness at the interspaces at L4-5 and L5-S1. The treating physician indicated that the Terocin ointment was required for the back. The injured worker's status was total temporary disability. On 11/26/2014, Utilization Review (UR) denied the request for Terocin ointment. The UR physician noted that there was no clear detail about why the topical medication was

prescribed, and why the injured worker could not have used an over-the-counter topical agent. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: According to the 11/11/2014 report, this patient presents with 6-7/10 back pain and 4-5/10 leg pain with weakness. The current request is for Terocin ointment. This ointment contains capsaicin/lidocaine/menthol/methyl. Regarding Topical Analgesics, The MTUS Guidelines page 111 states, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS further states, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, this request is not medically necessary.