

Case Number:	CM14-0217902		
Date Assigned:	01/07/2015	Date of Injury:	11/21/2012
Decision Date:	03/04/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 41 year old male who sustained a work related injury to his lower back from a slip and fall while employed as a restaurant production worker on November 21, 2012. According to the Utilization Review determination letter the injured worker had chiropractic therapy, physical therapy, acupuncture therapy and transcutaneous electrical nerve stimulation (TEN's) with limited benefit. Lumbar magnetic resonance imaging (MRI) on January 7, 2013 demonstrated both anterior and a 4mm posterior bulging at L3-4, and a disc bulge at L4-5, and L5-S1 with bilateral facet arthropathy. No surgical interventions were documented. An electrodiagnostic study on January 30, 2013 was thought to be significant for L5 radiculopathy. The injured worker also has a medical history of adult onset diabetes with poor glucose control. The patient continues to experience left sided lumbosacral pain that radiates to the left leg and both feet. Current medications were listed as non-steroidal anti-inflammatory drugs (NSAID's) and creams. The injured worker remains on temporary total disability (TTD). The physician requested authorization for Retrospective Terocin dispensed on 11/6/14. On December 6, 2014 the Utilization Review denied certification for the Retrospective Terocin dispensed on 11/6/14. The citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin dispensed on 11/6/14: Upheld

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

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

Decision rationale: Terocin is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain.