

Case Number:	CM15-0015666		
Date Assigned:	02/03/2015	Date of Injury:	02/01/2012
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 42 year old male, who sustained an industrial injury on 2/1/12. The injured worker has complaints of low back pain, left-sided leg pain and neck pain. Magnetic Resonance Imaging (MRI) from 9/17/14 shows multilevel degenerative disc disease and facet arthropathy; moderate left neural foraminal narrowing at L5-S1 due to a central disc protrusion. Straight leg raising test is positive on the left. He is very tender in the lumbar paravertebral musculature, more on the left side and more so at the lumbosacral junction, where there is marked spasm. Diagnosis includes lumbar radiculopathy; lumbosacral strain and cervical strain. The documentation noted that the injured worker is adamant that he does not want any by mouth pain medications at this point. The documentation noted that he is somewhat satisfied with the terocin patches. Work status is that he is on temporary total disability. According to the utilization review performed on 1/13/15, the requested Retrospective request for Terocin 4% 4% lidocaine/menthol DOS: 09/19/2014 has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines; CA MTUS Topical analgesics were used in the utilization review. The documentation noted that lidocaine topical medications should only be tried after first and second line drugs have failed and it was noted that in this case there was lack of evidence that the injured worker had failed conservative treatment with the oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin 4% 4% lidocaine/menthol DOS: 09/19/2014: 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): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine (an anesthetic) and 4% menthol (a pain reliever). The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, and left leg. There was no discussion reporting special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for Terocin (topical lidocaine with menthol) for the date of service 09/19/2014 is not medically necessary.