MAXIMUS Federal Services

Case Number:	CM15-0110368		
Date Assigned:	06/18/2015	Date of Injury:	09/02/2014
Decision Date:	11/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 48-year-old male, who sustained an industrial injury on 9-02-2014. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, sleep disturbance, not otherwise specified, and chronic pain syndrome. Treatment to date has included diagnostics, chiropractic, acupuncture, and medications. On 4-27-2015, the injured worker complains of low back pain and right side pain, rated 6 out of 10 but rated 10 out of 10 "in the last couple of days", with radiation to the low back and towards the left side and up to the upper left side. He reported that "medications are less effective" and side effects included dry mouth and burning tongue after eating spicy foods. He reported that his "current pain medications are not providing adequate pain control and would like to increase dose of medications". Current medications were documented as Terocin patch 4.4% (prescribed 3-30-2015), Lidopro ointment, Tramadol-Acetaminophen, Senna, Omeprazole, and Cyclo-benzaprine. A review of symptoms was positive for anxiety, depression, and sleep disturbance. Exam of the lumbar spine noted restricted range of motion, tenderness to palpation of the paravertebral muscles, spinous process tenderness on L3-5, facet-loading positive bilaterally, tenderness over the sacroiliac spine, and positive straight leg raise. Sensory exam noted decreased sensation over the left lateral calf and medial thigh. He was prescribed Tylenol extra strength to take twice daily. The treating physician noted that he stopped all nonsteroidal anti-inflammatory drugs due to abdominal pain. Work status was total temporary disability. Up to date failed medications were not specified (progress report 1-26-2015) noted trialed Vicodin

and "not trialed any antidepressants". The treatment plan included Terocin Patch 4.4% #30, non-certified by Utilization Review on 5-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4.4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant had been on topical Lidaocaine in the past. The claimant does not have a diagnosis of pain related to diabetic neuropathy or herpetic neuropathy. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.