

Case Number:	CM15-0111223		
Date Assigned:	06/17/2015	Date of Injury:	10/06/2009
Decision Date:	08/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, 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 (IW) is a 48 year old male who sustained an industrial injury on 10/06/2009. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having radicular symptoms thoracic and lumbar, lumbago, piriformis syndrome sciatica, chronic pain syndrome, degenerative disc disease (DDD) lumbar region, herniation of the lumbar disc, radiculopathy, knee osteoarthritis, knee pain, and depression. Treatment to date has been conservative with medications and pain management. The worker is seen in follow-up and complains of low back pain, radicular pain, and left knee pain that is rated as a seven on a scale of 0-10 on 4/29/15. He has bilateral radicular pain right lower extremity with numbness tingling and pain extending to the feet, and right radicular symptoms into the buttock. The pain is aggravated by prolonged activity. He has ongoing depression, which he relates to chronic pain. Patient had no complaint related to the gastrointestinal system. On exam, he has diffuse paralumbar tenderness, pain on flexion and extension, and limited range of movement secondary to pain. Pain is in the L5 and S1 distribution on the left. He has diminished sensation in left L4, 5 and S1 dermatomal distribution. The patient has had positive SLR. Plan of treatment includes medications Norco, Effexor, Trazodone and Terocin lotion. A request for authorization was made for the following: Retrospective Terocin lotion 2.5-0.25-10-25% #1. The patient had received 10 PT visits for this injury. Patient had received ESI for this injury. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin lotion 2.5-0.25-10-25% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Terocin patches contains Menthol 4% and Lidocaine 4%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The request for Retrospective Terocin lotion 2.5-0.25-10-25% #1 is not medically necessary for this patient.