

Case Number:	CM15-0111697		
Date Assigned:	06/18/2015	Date of Injury:	11/20/2006
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male, who sustained an industrial injury on 11/20/06. He reported falling out of the back of a truck and injuring his lower back and fracturing a rib. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included physical therapy with no benefit, an L5-S1 epidural which helped and a lumbar facet injection with no relief. Current medications include Naproxen, Omeprazole and Tramadol. As of the PR2 dated 5/19/15, the injured worker reports continued pain in the lower back. Objective findings include a positive straight leg raise test on the left and tenderness to palpation in the left sacroiliac joint. The treating physician requested to start Terocin patch 4% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4%-4% Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Terocin.

Decision rationale: This claimant was injured in 2006, falling out the back of a truck. There is chronic back pain. Per the PDR, Terocin is a topical agent that contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%. The MTUS Chronic Pain section notes: Salicylate topicals Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. See also topical analgesics; & Topical analgesics, compounded. Topical Analgesics are recommended as an option as indicated below: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request is not medically necessary.