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| Case Number: | CM15-0112119 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 01/14/2014 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old male sustained an industrial injury on 1/14/14. He subsequently reported back pain. Diagnoses include lumbar strain and sprain and radiculopathy. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back and hand pain. Upon examination, the low back revealed limited range of motion. There was L5 dermatomal distribution coming down laterally into the big toe, which was consistent. Straight leg raise was positive bilaterally. The right hand revealed atrophy of the thenar eminence, Phalen's and Tinel's were positive. A request for retro Terocin patch apply one patch daily #30 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Terocin patch apply one patch daily #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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for radiating low back pain and right hand pain. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. There was positive right Tinel and Phalen tests. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Prescribing lidocaine in a patch formulation and prescribing a multiple compounded medication was not medically necessary.