

Case Number:	CM15-0114782		
Date Assigned:	06/23/2015	Date of Injury:	04/19/2014
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 46-year-old female, with a reported date of injury of 04/19/2014. The injured worker's symptoms/injuries at the time of the injury include back pain with associated pins and needles and burning. The diagnoses include lumbar radiculopathy, lumbosacral spondylosis without myelopathy, lumbar disc disorder, and low back pain. Treatments to date have included an MRI of the lumbar spine on 06/06/2014 which showed L4-5 posterior central/left posterolateral broad disc protrusion and moderate to severe left lateral recess stenosis with transversing L5 nerve root impingement; chiropractic treatment; acupuncture; physical therapy; Ibuprofen; Terocin patch; and a brace. The doctor's first report dated 04/27/2015 indicates that the injured worker complained of L4-5 back pain with radiation to the left leg. She also complained of numbness and tingling. She stated that long-term standing caused swelling of the left foot. The injured worker had pain with performing some of her activities of daily living. She was unable to climb stairs, heavy housework, and fly in an airplane due to pain. She reported that she was still working in a part-time job due to restrictions. The injured worker rated her pain 6 out of 10 at its best, 7 out of 10 at its worst, and 6 out of 10 currently. The physical examination showed a slow, stooped, and unsteady gait; restricted lumbar range of motion due to pain; on palpation of the paravertebral muscles there was hypertonicity, spasm, tenderness, tight muscle band, trigger point on both sides; multiple myofascial trigger points; positive straight leg raise test on both sides in the supine position; normal muscle tone; and decreased light touch sensation over the side of the calf and the front of and side of the left thigh. The treating physician requested Terocin patch for the date of service of 04/27/2015. The

clinical rationale indicates that the injured worker had on-going lumbar radiculopathy and had failed conservative care. She had signs and symptoms of active radiculopathy. It was noted that failure to receive the medications may result in an emergency room visit, and the purpose of the Terocin patch was to reduce pain without oral medication use and to improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patch (date of service: 04/27/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Retrospective Terocin Patch (date of service: 04/27/2015) is not medically necessary and appropriate. There are no unusual circumstances to justify an exception to Guidelines.