

Case Number:	CM15-0122289		
Date Assigned:	07/06/2015	Date of Injury:	02/24/1999
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury on 02/24/1999. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbago, degenerative disc disease in the lumbosacral region, sacroiliitis, failed back surgery/postlaminectomy syndrome lumbar, and radicular syndrome (thoracic/lumbosacral). Treatment to date has included a lumbar rhizotomy on 09/26/2014 with a result of over 80% relief of his axial low back pain. He takes Soma on an as needed basis for acute muscle spasm. Valium is given to relieve his reactive anxiety, Celebrex helps the inflammation as well as providing analgesia, and the worker takes Norco for breakthrough pain. Terocin lotion provides localized pain relief of his low back. Currently, the injured worker is seen in follow-up for chronic back pain. He describes his back pain as constant and rates the pain as a 5/10 in the low back, with no radicular symptoms. He states prolonged activity aggravates the pain. On examination of the cervical spine, he has no paracervical muscle tenderness on the right and left. Lumbar spine has increased range of motion in all planes, with decreased pain on extension and rotation and diminished paraspinal tenderness bilaterally. Straight leg raise is negative bilaterally and there is mild pain in the lumbar area with minimal sacroiliac joint tenderness. The treatment plan was for periodic rhizotomy in the lumbar area for treatment of lumbago, and Gabapentin for his radicular symptoms, and continuation of current medications. A request for authorization is made for: Terocin Lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury of 1999 nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The terocin lotion is not medically necessary and appropriate.