MAXIMUS Federal Services

Case Number:	CM15-0126173		
Date Assigned:	07/10/2015	Date of Injury:	02/04/2015
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old male who sustained an industrial injury on February 4, 2015. He has reported low back pain, right knee pain, and left sided pelvic pain and has been diagnosed with pain in joint of lower leg, lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, other back symptoms, myalgia and myositis not otherwise specified, sprain and strains of the lumbar region, and knee, leg, ankle, and foot injury not otherwise specified. Treatment has included medication and physical therapy. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion was restricted. On palpation, paravertebral muscles, spasm, tenderness, and tight muscle was noted on both sides. Spinous process tenderness was noted on L4 and L5. Lumbar facet loading was positive on both sides. Straight leg raise was positive on the left side at 45 degrees and in sitting position. There was tenderness over the sacroiliac spine. Range of motion was restricted to the right knee. There was tenderness to palpation over the ilio-tibial band, lateral joint line, medical joint line and patella. There was tenderness to palpation over the left knee. The treatment request included a terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% quantity non specified: 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.

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Terocin Patch 4% is not medically necessary.