

Case Number:	CM15-0126382		
Date Assigned:	07/10/2015	Date of Injury:	07/03/2011
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
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: California

Certification(s)/Specialty: Emergency 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 7/3/11. He reported his back cracked and caused back pain. Treatment to date has included medication and exercise program. Currently, the injured worker complains of low back pain rated at 7/10. The injured worker is diagnosed with L3-L4 and L5-S1 disc bulges, L4-L5 disc protrusion and left SI joint dysfunction. His work status is modified duty. In a note dated 6/3/15 there is tenderness to palpation at L5-S1 and bending forward cause's low back discomfort and a weak feeling. The injured worker states his pain is 10% worse. He uses Terocin cream especially during flare ups of pain, which he finds beneficial. The injured worker is actively engaged in an exercise, strengthening and stretching regimen. A prescription for Terocin (new lot) 30 day supply #240 is requested to continue his current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Terocin Lot: day supply 30: qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 105, 111-113. Decision based on Non-MTUS Citation

http://www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid_41055.

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

Decision rationale: The requested product is a patch composed of multiple medications. As per MTUS guidelines, any compounded product that contains one drug or drug class that is not recommended is not recommended. Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has not decreased pain or reduced medication use except for subjective claims. It is not recommended due to any documentation of prior treatment failure or effectiveness. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of failure with a 1st line agent and there is no documentation on where the topical medication is to be used. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically and medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. All components are not recommended, the combination medication Terocin, as per MTUS guidelines, is not recommended.