

Case Number:	CM15-0127387		
Date Assigned:	07/14/2015	Date of Injury:	07/02/2008
Decision Date:	08/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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 was a 57 year old male, who sustained an industrial injury, July 2, 2008. The injured worker previously received the following treatments Cialis, Soma, Lyrica, Terocin lotion, lumbar fusion surgery at L5-S1, epidural steroid injections. Transforaminal epidural steroid injections, failed Neurontin, Norco discontinued, Lexapro and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which showed right S1 radiculopathy. The injured worker was diagnosed with post lumbar laminectomy syndrome, lumbar disc disorder and lumbar radiculopathy. According to progress note of March 25, 2015, the injured worker's chief complaint was back pain radiating from the low back down both legs. The injured worker rated the pain at 8 out of 10. The injured worker denied any other symptoms other than pain. The injured worker was having fair quality of sleep. The injured worker reported the mediations were working well. The physical exam noted the injured worker walked with a slow gait and the assistance of a cane. There was restriction in the lumbar spine range of motion, flexion of 30 degrees, extension of 15 degrees, right lateral bending limited to 10 degrees, left lateral bending was 15 degrees, the lateral rotation to the left was 30 degrees, right lateral bending was 30 degrees the limitations were due to pain. There was paravertebral tenderness in the muscles with spasms. There was tenderness and tight muscle bands noted on the right side. The injured worker was able to walk on the heels and toes. The lumbar facet loading was positive on both sides. The straight leg raise testing was positive on the right side. There was tenderness over the sacroiliac spine. The treatment plan included a prescription renewal 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 2.5-25-0.025-10%: 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, Boswellia Serrata, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia 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 2008 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 oral meds. The Terocin Lotion 2.5-25-0.025-10% is not medically necessary and appropriate.