

Case Number:	CM15-0128966		
Date Assigned:	07/15/2015	Date of Injury:	01/29/2010
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51-year-old male who reported an industrial injury on 1/29/2010. His diagnoses, and or impression, were noted to include low back pain; lumbar facet arthritis; myofascial spasms; and lumbar extrusion. No current imaging studies were noted. His treatments were noted to include an agreed medical examination on 5/5/2014; psychiatric evaluation and treatment; transcutaneous electrical stimulation unit therapy, failed; left lumbar "TFESI"; physical therapy; medication management with toxicology screenings and the weaning of oral pain medications; and rest from work. The progress notes of 5/20/2015 reported severe low back pain, left > right, that radiated into the leg, associated with numbness/tingling, and with subjective weakness, in his left leg. Objective findings were noted to include weight gain with occasional shortness of breath; short-term memory loss; and knee and hip pain. The physician's requests for treatments were noted to include the continuation of his current medications, as he was using them compliantly, without side effects, and with good efficacy. The 8/4/2014 progress notes noted the initiation of Terocin Patches, and a compound cream, to help reduce the use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patches quantity 30 patches/3 Boxes DOS 8-4-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Lidoderm (lidocaine patch). p56-57 (3) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work-related injury in January 2010 and continues to be treated for radiating low back pain. When seen, there had been minimal relief after a transforaminal epidural steroid injection. There was decreased lower extremity strength, sensation, and decreased and painful lumbar range of motion with tenderness and muscle spasms. There was bilateral piriformis muscle tenderness. Medications include morphine, Celexa and Valium. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The prescribing of Terocin in a patch form was not medically necessary.