

Case Number:	CM15-0170471		
Date Assigned:	09/17/2015	Date of Injury:	11/04/1998
Decision Date:	10/21/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/29/2015

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 41 year old male, who sustained an industrial injury on 11-04-1998. Diagnoses include low back pain, lumbar radiculopathy, post lumbar laminectomy syndrome and encounter for long term use of other medications. Treatment to date has included surgical intervention (lumbar laminectomy and fusion, undated), chiropractic treatment, physical therapy and medications. Medications as of 7-27-2015 include Lyrica and Terocin patches. Per the Primary Treating Physician's Progress Report dated 7-27-2015, the injured worker reported that he started taking Lyrica and using Terocin patches. The Lyrica helped make him feel more relaxed but the pain remains the same. His pain is worst in the lower back and the Terocin patches help with the localized pain. His pain level is generally 7 out of 10. Physical examination of the lumbar spine revealed hypertonicity, spasm, tenderness, tight muscle band and trigger points (a twitch response was obtained along with radiating pain upon palpation) noted on the right side upon palpation of the paravertebral muscles. Per the medical records dated 6-29-2015 the injured worker rated his pain as 8 out of 10. Acupuncture and electrodiagnostic testing were requested and Lyrica and Terocin patches were prescribed. There were the only two medical records made available for review. Magnetic resonance imaging (MRI) ordered 2-24-2015 was documented as "At the L4-5 disc level, there's been an interval decrease in size of the previously visualized central contained herniation. On the current exam there is no clear evidence for herniation superimposed on diffuse disc bulging that is present. There has been no interval development of any significant disc disease from T12-L1 through the L3-4 disc levels. Status post bilateral laminectomy, facetectomy, and interbody fusion at L5-S1 with expected

postoperative results. There's been no interval development of osseous infection, tumor or significant vertebral body compression deformity at T12-S3." The plan of care included medications and authorization was requested for Lyrica 75mg #30 and Terocin patch 4% #30. On 8-03-2015, Utilization Review non-certified the request for Terocin patch 4% #30 citing lack of documentation of medical necessity. A letter of appeal dated 9/3/15 was reviewed. It merely states that patient has neuropathic/radicular pain and qualifies for topical analgesics. No other clinical information was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain 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 with 1st line medication. Ongoing use of Terocin has not decreased pain and reduced medication use. There is only vague subjective improvement. It is not recommended due to no 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 patches are 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. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. All components are not recommended, the combination medication Terocin lidocaine patch, as per MTUS guidelines, is not medically necessary.