

Case Number:	CM15-0170613		
Date Assigned:	09/11/2015	Date of Injury:	08/13/2012
Decision Date:	10/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on August 13, 2012. He reported lower back pain. The injured worker was diagnosed as having lumbar facet syndrome, lumbar radiculopathy, and lumbar spine degenerative disc disease. Medical records (March 18, 2015 to July 24, 2015) indicate continued low back pain radiating into his right lower extremity, rated 2-3 out of 10 with medications and 8-9 out of 10 without medications. Records also indicate his activity level has decreased. His medications help him to perform his activities of daily living, go to work, and increase his activity level. Per the treating physician (July 24, 2015 report), the injured worker is permanent and stationary. The physical exam (March 18, 2015 to July 24, 2015) reveals a normal gait and restricted range of motion with flexion, extension, right lateral bending, and left bending of the lumbar spine. There were normal paravertebral muscles, tenderness over the L4 (lumbar 4) and L5 (lumbar 5) spinous processes, normal heel and toe walk, and positive bilateral facet loading. The motor exam and sensory exams were normal. The bilateral knee and bilateral ankle deep tendon reflexes were 2 out of 4. Treatment has included a home exercise program, a back brace, an inversion table, and medications including topical pain, combination non-steroidal anti-inflammatory- histamine 2 antagonist. The requested treatments included a trial of Terocin patch. On August 28, 2015, the original utilization review non-certified a request for Terocin dis 4-4% quantity 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin dis 4-4% quantity 10, DOS 8-19-15: 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: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The claimant does not have neuropathy due to diabetes or herpes. Any compounded drug that is not recommended is not recommended and therefore Terocin patches on 8/19/15 were not medically necessary.