

Case Number:	CM15-0170845		
Date Assigned:	09/11/2015	Date of Injury:	08/22/2012
Decision Date:	10/09/2015	UR Denial Date:	07/30/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 65 year old female who sustained an industrial-work injury on 8-22-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and chronic pain syndrome. Medical records dated 3-19-15 indicate that the injured worker complains of numbness over the right leg and at times it is difficult to move her right leg. It is noted that there is no previous changes since the last visit. The medical records also document that the injured worker has gastrointestinal symptoms from the medications and would like to try a topical cream instead. It is noted that she has symptoms of gastroesophageal reflux disease (GERD). The pain is rated 6 out of 10 on the pain scale. The medical records also indicate that she is independent with activities of daily living (ADL), but has difficulty with bending and twisting, lower body dressing, lifting more than 5 pounds and prolonged sitting, standing and walking. Per the treating physician report dated 4-7-15 it is noted that there is no period of temporary or total disability. The physical exam dated 4-7-15 reveals that the low back has a 10 centimeter deep healed surgical scar in the L-S area. There are no other significant findings noted. There is no physical exam noted for the medical record dated 3-19-15. Of note, there were limited medical records for review. Treatment to date has included pain medications, Terocin patch since at least since 3-19-15, diagnostics, consultations, injections, and other modalities. The original Utilization Review dated 7-30-15, non-certified a request for Terocin patch 4% #30.

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 CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The requested Terocin is a combination of methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride into a topical lotion. Capsaicin specifically is recommended only as an option for those injured workers with osteoarthritis, fibromyalgia, and chronic non-specific back pain, who have not responded or are intolerant of conventional therapy. However, topical applications of lidocaine for neuropathic pain, other than Lidoderm, are not approved. The MTUS guidelines most importantly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Terocin 4% patches #30 is not medically necessary and appropriate.