

Case Number:	CM15-0179618		
Date Assigned:	09/21/2015	Date of Injury:	09/15/2011
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 15, 2011. In a utilization review report dated August 25, 2015, the claims administrator failed to approve requests for Terocin lotion and LenzaPatch. The claims administrator referenced an RFA form received on August 18, 2015 and associated progress notes of July 8, 2015 and August 6, 2015 in its determination. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of low back and shoulder pain. LenzaPatch (lidocaine - menthol) and Terocin (methyl salicylate - menthol - capsaicin - lidocaine) lotion were endorsed. The applicant was returned to work at a rate of 6 hours a day. On August 6, 2015, the applicant presented with moderate-to-severe low back pain complaints radiating to the left leg. Terocin lotion and Lenza Patches were again endorsed. On July 8, 2015, tramadol, Flexeril, and Medrox ointment were endorsed while the applicant returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 120g bottle #1: 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): Capsaicin, topical.

Decision rationale: No, the request for Terocin lotion was not medically necessary, medically appropriate, or indicated here. As noted on the attending provider's progress note of June 10, 2015, Terocin is an amalgam of methyl salicylate - menthol - capsaicin - lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include tramadol and Flexeril, per a progress note of July 8, 2015, seemingly obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.

Lenza Patch #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: Similarly, the request for Lenza Patches was likewise not medically necessary, medically appropriate, or indicated here. Lenza Patches, per the attending provider's progress note of June 10, 2015, are an amalgam of lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, i.e., the primary ingredient in the compound, is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, there is no evidence of antidepressant adjuvant medication or anticonvulsant adjuvant medication failure prior to the introduction, selection, and/or ongoing usage of the LenzaPatch in question. Since the lidocaine component of the amalgam was not indicated, the entire compound is not indicated, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.