

Case Number:	CM15-0021691		
Date Assigned:	02/11/2015	Date of Injury:	06/10/2009
Decision Date:	07/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 33 year old male who sustained an industrial injury on 6/10/09. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc with myelopathy, lower extremity neuritis and lumbar sprain/strain. Currently, the injured worker was with complaints of lower back pain. Previous treatments included medication management and rest. The injured workers pain level was noted as 10/10. Physical examination was notable for bilateral pain with straight leg raises. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Terocin Patch #30. Terocin is a compounded medication, which includes Lidocaine,

Capsaisin, Salicylates and Menthol. The MTUS guidelines on page 112 on topical lidocaine states, 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). A review of the reports provided shows no discussion of failure of prior first line therapy prior to the request of this topical product and the MTUS guidelines do not support the usage of salicylate topical, an NSAID for the treatment of lower back pain. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lumbar pain for which topical NSAID is not indicated and the usage of lidocaine for back pain is not supported by MTUS. The current request is not medically necessary.