

Case Number:	CM15-0064539		
Date Assigned:	04/10/2015	Date of Injury:	09/29/2013
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (IW) is a 50 year old male who sustained an industrial injury on 09/29/2013. He reported pain in the lumbar spine with radicular symptoms. The injured worker was diagnosed as having chronic pain in the lumbar spine post anterior lumbar interbody fusion L5-S1, lateral recess spinal stenosis L4-L5; Severe facet joint arthropathy L4-L5; Status post anterior cervical discectomy and fusion. Treatment to date had included diagnostic MRI and now includes a L4-5 posterior spinal fusion on 02/16/2015. Currently, the injured worker complains of pain situation post recent lumbar surgery. Terocin patches are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidocaine.

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

Decision rationale: The patient is a 50 year old male with an injury on 09/29/2013. He had a lumbar and cervical fusion. The lumbar fusion was on 02/16/2015. He has back pain. Terocin is a topical combination of Menthol and Lidocaine (not the same as lidoderm patch). MTUS, Chronic Pain guidelines for topical analgesics note that is an active ingredient of a compound medication is not recommended then the entire compound medication is not recommended. Menthol is not recommended and lidocaine in the form of terocin is also not recommended. Thus, the requested compound medication is not recommended.