

Case Number:	CM15-0092263		
Date Assigned:	05/18/2015	Date of Injury:	05/31/2011
Decision Date:	06/17/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/13/2015

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 (IW) is a 54-year-old female who sustained an industrial injury on 05/31/2011. She reported pain in the low back, both knees and right shoulder. The injured worker was diagnosed as having sprain of the neck, sprain thoracic region, sprain lumbar region, sprain shoulder/arm, not otherwise specified, rotator cuff syndrome, chondromalacia patellae, brachial neuritis, not otherwise specified, symptoms involving head and neck, lumbosacral neuritis not otherwise specified, sacroiliac sprain, tear medial meniscus of the knee. The worker has had multiple treatments over the life of the claim. Currently, the injured worker complains of fatigue, joint pain, muscle spasm, depression, stress, difficulty sleeping, headaches, and some numbness. There is left knee tenderness and lumbar tenderness. There is moderate lumbar spasm. The treatment plan included starting Terocin patches, one daily to the lumbar spine and discontinuing Flector for pain. Terocin patches #30 were requested.

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 Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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. The claimant had already used other topical analgesics (Flector) . In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.