

Case Number:	CM15-0096301		
Date Assigned:	05/22/2015	Date of Injury:	05/16/2010
Decision Date:	06/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 41 year old female, who sustained an industrial injury on May 16, 2010. She reported feeling a sudden onset of spasm in her low back while lifting heavy boxes. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included MRI, epidural injection, and medication. Currently, the injured worker complains of lumbar spine pain. The Primary Treating Physician's report dated March 9, 2015, noted the injured worker with unchanged pain, rating the pain at 6/10 with Norco, responding to an increase in Cymbalta and an injection, with epidural steroid injection (ESI) pending. The lumbar examination was noted to show motion guarded due to pain, with extensive motion loss, and a lumbar MRI showing degenerative disc disease. The injured worker's current medications were listed as Hydrocodone, Cymbalta, and Terocin patches. A urine drug screen (UDS) was noted to have been completed. The injured worker was to continue regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terocin Patch 3/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Terocin patch March 9, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis is lumbar DDD. The documentation from September 29, 2014 shows the injured worker was taken anti-convulsants gabapentin with hydrocodone and Valium. There was no documentation of objective functional improvement with gabapentin. A March 9, 2015 note shows the injured worker was prescribed Cymbalta, ongoing Norco and Terocin patch. There is no documentation indicating whether Cymbalta was effective or noneffective. Subjectively, according to the March 9, 2015 note, the injured worker complains of lumbar pain 6/10. There is no clinical indication or rationale for the Terocin patch. Additionally, other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form) that is not recommended is not recommended. Also, there is no Terocin patch quantity documented in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Terocin patch March 9, 2015 is not medically necessary.