

Case Number:	CM15-0096332		
Date Assigned:	05/26/2015	Date of Injury:	09/02/2011
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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 is a 49 year old female, who sustained an industrial injury on 9/2/2011. She reported injury from taking out the trash and repetitive work. The injured worker was diagnosed as having cervical radiculopathy, thoracic sprain/strain, status post lumbar surgery in 2011 and 2014, lumbar sprain/strain, lumbar radiculopathy and left shoulder sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 3/20/2015, the injured worker complains of constant neck pain, radiating to the left upper extremity with numbness and tingling, rated 7-8/10, mid back pain rated 6/10 and low back pain rated 5-6/10 and left shoulder pain rated 8-9/10. She noted improvement in low back pain since surgery. Physical exam showed tenderness along the lumbar spine and para-vertebral muscles bilaterally with palpable spasms and tenderness along the trapezius muscles bilaterally with palpable spasms. The treating physician is requesting Terocin patches #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patch #20 dos :04/15/2015: 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): 111-112.

Decision rationale: Terocin patch contains .025% Capsaicin, 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. 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.