

Case Number:	CM15-0099365		
Date Assigned:	06/01/2015	Date of Injury:	06/12/2014
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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 55 year old male, who sustained an industrial injury on 6/12/2014. Diagnoses include lumbar facet arthropathy and left lumbar radiculitis. Treatment to date has included transforaminal epidural steroid injection (01/07/2015), physical therapy, medications including Lyrica, Gabapentin, Lidoderm patch and Anaprox, modified work, aqua therapy and cortisone injection. Per the Primary Treating Physician's Progress Report dated 3/06/2015, the injured worker reported low back pain. He had to go to the Emergency Department (ED) on 2/28/2015 for increased pain for which he was prescribed Prednisone, Percocet and Valium. He currently rates his pain and as 8/10 on a subjective numerical scale from 0-10. Physical examination revealed a mildly antalgic gait. There was tenderness and muscle spasm in the lumbar paraspinal muscle. There was decreased range of motion upon flexion and extension with pain. The plan of care included medications and authorization was requested for Gabapentin 600mg #120, Terocin patch 4% #10 and Tramadol 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% #10 with 0 refills: Upheld

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

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. In addition, other topical formulations of Lidocaine are not approved. The claimant had also been on topical Lidocaine prior to Terocin along with oral analgesics with note of reduction of oral analgesics. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.