

Case Number:	CM14-0142218		
Date Assigned:	09/10/2014	Date of Injury:	04/30/2008
Decision Date:	10/06/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old with a reported cumulative date of injury of 01/2005 - 4/30/2008. The patient has the diagnoses of status post hardware removal and revision with bone stimulator placement at L2-3, status bone fusion L2-S1, chronic neck pain and left wrist /hand arthralgia. Per the most recent progress reports provided by the primary treating physician on 04/26/2014, the patient had complaints of continued low back pain which is stable. Physical exam noted restricted range of motion in the lumbar spine with tenderness to palpation and decreased sensation in the L4,L5 and S1 dermatome. Treatment recommendations included a request for removal of the bone stimulator, a functional capacity evaluation, lumbar x-rays and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #10 with 2 refills: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin is a combination of methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. The combination has multiple ingredients that are not listed as recommended topical agents in the California MTUS. Per the guidelines the combination product contains one ingredient that is not recommended then the whole product is not recommended. Therefore the request is not medically necessary.