

Case Number:	CM14-0155828		
Date Assigned:	09/25/2014	Date of Injury:	01/28/2005
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 California. 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:

This is a 52-year-old female with a 1/28/05 date of injury. The mechanism of injury occurred when she stepped in a puddle of water and landed on a dead mouse. According to a progress report dated 8/8/14, the patient was recently admitted to the hospital for labile blood pressure, which was attributed to aggravation of her low back pain. She reported improvement of her chronic low back pain after her spinal cord stimulator explant. Her pain is located across her lower back with radiation of pain to bilateral legs. The pain was aggravated with movement and relieved with rest. Objective findings: tenderness to palpation of bilateral paraspinal, decreased range of motion of back. Diagnostic impression: lumbosacral spondylosis without myelopathy, lumbar, or lumbosacral disc degeneration. Treatment to date: medication management, activity modification, ESI, spinal cord stimulator. A UR decision dated 9/11/14 denied the request for Terocin lotion. This medication is not clearly indicated for chronic pain and the patient has not had a trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion: Upheld

Claims Administrator 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), Treatment Index, Chronic pain - Salicylate Topicals

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

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including Lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, Lidocaine is not recommended in a topical cream or lotion formulation due to the risk of Lidocaine toxicity. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for Terocin Lotion was not medically necessary.