

Case Number:	CM13-0009420		
Date Assigned:	06/04/2014	Date of Injury:	06/01/2004
Decision Date:	08/01/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational 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:

The injured worker was injured on 06/01/04. Terocin lotion is under review. The injured worker attended physical therapy for 30 visits as of 04/16/14. She had a cervical spine injury with radiating symptoms to the right upper extremity and migraines for 5 years. There was electrodiagnostic evidence on a study dated 11/27/13 of bilateral C7 chronic radiculopathy. On 10/14/13, she was prescribed Neurontin. She also was taking Vicodin and using home traction. She was working regularly. An MRI of the cervical spine dated 09/13/13 revealed anterolisthesis of C2 on C3 and retrolisthesis of C3 on C4 and there was foraminal narrowing at multiple levels. On 08/12/13, it was noted that she needed an open MRI and was to continue Vicodin and PT. She was referred for consideration of Botox. There is an appeal regarding the Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TEROGIN CREAM DISPENSED ON 7/1/13:

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): 143.

Decision rationale: Guidelines state that topical agents may be recommended as an option, but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Many agents are compounded as monotherapy or in combination for pain control. 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 for use. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent, and how it will be useful for the specific therapeutic goal required. There is no evidence of failure of all other first line drugs including acetaminophen, antidepressants, and antineuropathic agents that are used for chronic pain control. The injured worker received refills of her other medications with no documentation of side effects or ineffectiveness. The specific indication for the use of Terocin lotion has not been described within the submitted records. As such, the request is not medically necessary.