

<b>Case Number:</b>	CM13-0023608		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 40-year-old male who reported an injury on 05/06/2013. The mechanism of injury was not documented; however, it states the patient has had persistent pain in his neck, low back pain, and right shoulder pain. He also underwent an EMG study on 09/13/2013 which was non-contributory of the neck and low back pain. The patient also underwent MRI of the cervical spine on 08/26/2013 which demonstrated multilevel disc disease at C2-3 through C5-6 with mild narrowing of central and foraminal narrowing bilaterally at C4-5 and C5-6. MRI of the lumbar spine showed disc herniation at L2-3 and L3-4 with narrowing on the left neural foramen at the level of L2-3. The patient's current medications have not been listed in the documentation; however, it was noted the patient has completed physical therapy and was approved for 12 sessions of chiropractic therapy as of 09/24/2013. The physician is now requesting Terocin lotion 4 oz x2 and Medrox patch x20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 4 oz x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): s 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsacin, topical Page(s): s 28-29.

**Decision rationale:** California MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. It further states under the headline of topical analgesics that many agents are compounded as monotherapy or combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, alpha adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonist, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Additionally, 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 per CA MTUS. As such, pertaining to the request for Terocin lotion which contains capsaicin, the medical necessity cannot be warranted at this time. As such, the request is non-certified.

**Medrox patch #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): s 111-113.

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

**Decision rationale:** According to California MTUS Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This is pertaining to any medication that might contain capsaicin which is a predominant ingredient in the Medrox patch. Although the patient has complaints of chronic pain and may benefit from other topical analgesics, due to the Medrox patch containing the ingredient capsaicin, the request cannot be considered medically necessary or warranted. As such, the request is non-certified.