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| Case Number: | CM13-0025582 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 04/21/2010 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 08/19/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 Internal 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 patient is a 60-year-old male with date of injury on 04/21/2010 when he had a fall at work and landed on his left knee, left hip, and low back. He complains of pain in these areas and is currently being treated with Norco, Wellbutrin, and Ibuprofen. Muscle relaxants have been tried but side effects are apparent. There are notes in the records of topical medications that were given but no mention of the outcome. He has been on other medications in the past and the regimen is based on the most recent medical records available to me. The patient is reported to still have significant disability related to the injury. The request is for Terocin Cream (methyl salicylate, capsaicin, menthol, and lidocaine) to use twice a day.

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 BID DOS: 7/31/13: Upheld

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

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

Decision rationale: The MTUS guidelines state that topical medications can be useful in circumstances where other medications have failed. The PR-2 (status report) from 10/12/2013

stated the Terocin cream was helpful, but no objective data was given as to the effect and notes are lacking for review. One component of Terocin contains Lidocaine that, according to the MTUS guidelines, should only be used for neuropathic pain. There is no data that this patient suffers from neuropathic pain. Terocin also contains other compounds of capsaicin, methyl salicylate, and menthol. The MTUS guidelines recommends one medication trial at a time be done for chronic pain management and the effect of such medication should be documented as to the effect. There is nothing in the record to reflect medication trials of any of the topical agents in the combination Terocin cream for this patient. Based on these reasons above, the Terocin cream is not medically necessary.