MAXIMUS Federal Services

Case Number:	CM13-0028718		
Date Assigned:	11/27/2013	Date of Injury:	10/31/2011
Decision Date:	02/07/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice and is licensed to practice in Texas. 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 39-year-old female who reported an injury on 10/31/2011. The mechanism of injury was repetitive trauma related to job duties. Initial complaints were regarding her bilateral upper extremities, neck, and lower back with radiation to the lower extremities. Initial treatment included physical therapy, medications, and work restrictions. There is mention of an unspecified injection and an MRI of 05/2012, although results were not provided. The patient continued to receive physical therapy intermittently and was provided with a TENS unit. The patient's current diagnoses include cervical spine strain/sprain; decreased lordosis with 1 mm midline disc protrusion without central canal narrowing; sprain/strain of the right shoulder; type 2 acromion; sprain/strain right wrist; right carpal tunnel syndrome; lumbar spine sprain/strain; decreased lordosis with need to rule out herniated nucleus pulposus. The patient is currently receiving medications and mental health counseling for the treatment of her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream, 120mg, applied topically: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines regarding Topical Analgesics, Page(s).

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option to treat chronic pain. However, guidelines also state that if any compounded product contains at least 1 drug that is not recommended, the entire compounded product is not recommended. Terocin cream, in particular, is a compounded cream of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. Unfortunately, the guidelines do not recommend the use of lidocaine in any formulation other than a dermal patch; this includes creams, lotions, or gels. As lidocaine is included in the compounded cream Terocin, the current request is does not comply with guidelines. As such, the request for 2 tubes of Terocin cream, 120 mg, applied topically twice daily, is non-certified.