

Case Number:	CM13-0037362		
Date Assigned:	12/13/2013	Date of Injury:	01/01/1996
Decision Date:	03/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

09/10/13 Follow up visit report submitted by [REDACTED] indicates the claimant is having increased neck, shoulder, and arm pain. The claimant has trigger points that are quite tender over the suprascapular area, as well as pain in the arm, thumb, and finger. On examination, the claimant is tender and is requesting to have a trigger point injection to the left suprascapular area. Left suprascapular trigger point injection has been performed. Provider recommends Terocin 120 ml to be applied four times daily to the affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120 ml: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/13) Topical analgesics

Decision rationale: Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to MTUS guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine

efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this patient there is no documentation that the recommended first line medications have been tried and failed. Also, the guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. Therefore the request for Terocin patches 1 box is not medically necessary.