

Case Number:	CM13-0037482		
Date Assigned:	12/13/2013	Date of Injury:	05/15/2013
Decision Date:	02/03/2014	UR Denial Date:	08/30/2013
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 56 year old female who reported an injury on 05/15/2013. The patient is currently diagnosed with cervical sprain and strain, lumbar sprain and strain, right shoulder pain, right wrist and hand pain, and myofascial pain. The patient was seen by [REDACTED] on 11/11/2013. The patient reported 7/10 pain. Physical examination revealed 5/5 motor strength in bilateral upper and lower extremities, 2+ reflexes, and tightness in the lower back. Treatment recommendations included continuation of current medications and continuation of home exercise program and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 121-122.

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

Decision rationale: California MTUS Guidelines state topical analgesics 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. Terocin contains methyl salicylate, capsaicin, menthol, and

lidocaine hydrochloride. Capsaicin is recommended only as an option for patients who have not responded to or are intolerant to other treatments. Topical lidocaine in the formulation of a dermal patch is FDA approved for neuropathic pain. No other commercially approved topical formulation of lidocaine is indicated for neuropathic pain. California MTUS Guidelines further state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.