

Case Number:	CM13-0041900		
Date Assigned:	01/15/2014	Date of Injury:	12/27/2011
Decision Date:	04/22/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Emergency Medicine and is licensed to practice in New York. 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 53-year-old male who was injured on December 27, 2011. The patient continued to experience neck and back pain. The physical examination was notable for vertebral spine tenderness, paraspinal muscle spasm, bilateral trapezial tenderness, decreased sensation of the left lateral arm, and decreased left bicep reflex. The diagnosis was cervical disc displacement. Treatment included ibuprofen, Norco, omeprazole, Gabadone medical food Theramine tablet, and terocin topical relief lotions. The request for authorization for Terocin was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR VEHIC/TEROC (DURATION AND FREQUENCY UNKNOWN) FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN, TOPICAL SALICYLATE; TOPICAL ANALGESICS, Page(s): 105.
Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, PAIN, SALICYLATE TOPICALS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CAPSAICIN, TOPICAL, SALICYLATE TOPICALS, AND TOPICAL.

Decision rationale: The Chronic Pain Guidelines indicate that Terocin is a topical multidrug compound, which contains methylsalicylate, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. The Guidelines also indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not indicated in this case. There are no guidelines that discuss menthol. The lack of evidence does not allow determination of efficacy or safety. In this case the compound medication contains drugs that are not recommended. The medication is therefore not recommended.