

Case Number:	CM13-0047919		
Date Assigned:	01/15/2014	Date of Injury:	01/24/2003
Decision Date:	05/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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:

Patient is an injured worker with cervical spine condition. Date of injury was 01-24-2003. Medical records dated September 12, 2013 by [REDACTED] provided a progress report. Subjective: Patient had continued neck and bilateral upper extremity pain. She notes that she is quite pleased with her current medication regimen which allows her to perform her ADLs. She is helping plan her daughter's wedding and notes that her medications allow her to have the ability to do such. She uses Celebrex 200 mg once a day as needed, OxyContin 30 mg 3 times day., Lyrical 150 mg 3 times a day, Ambien 10 mg at bedtime as needed, Adderall 15 mg once a day as needed for sedation. Physical examination: Physical exam shows the patient is alert and oriented x3, in mild distress, cognitively intact, she is tearful. Upper and lower extremities are grossly motor intact. Bilateral cervical rotation is to 45 degrees with flexion and extension to 10 degrees. PHQ-9 score of 18/30 indicates moderate depression. Impression: 1) C3 through C7 moderate spondylosis with bilateral upper extremity radiculitis. 2) History of right knee strain. 3) C3-C4 unstable spondylolisthesis. 4) Bilateral TMJ. 5) Depression. 6) Hepatitis C positive. 7) Tobacco use. 8) Opiate tolerance. 9) Chronic pain syndrome. Treatment plan: 1) the patient's aquatherapy was denied. 2) We have discussed [REDACTED] recommendations. The patient is not interested in cognitive behavioral therapy, a functional restoration program or switching Celebrex. She emphasizes the ability of her current medication regimen to perform her ADLs. 3) I continue to recommend tobacco cessation. 4) She may require repeat cervical RFA. C3 through C6 as this was previously beneficial. In the future cervical decompression and fusion may be an option as well. Utilization review dated 10-04-2013 recommended Non-Certification of the request for Terocin Cream Units 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN CREAM UNITS 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines, and Methyl Salicylate.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines Pages 111-113 state: Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy of topical NSAIDs in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. For neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Terracing is a topical analgesic that contains Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%. Progress report 09-12-2013 documented the patient's current medication regimen which includes Celebrex 200 mg once a day as needed, OxyContin 30 mg 3 times a day, Lyrica 150 mg 4 times a day, Ambien 10 mg at bedtime as needed, Adderall 15 mg once a day. Patient has been prescribed Celebrex. FDA Prescribing Information stated that the concomitant use of Celebrex with any dose of non-aspirin NSAID should be avoided due to the potential for increased risk of adverse reactions. Terocin contains NSAID Methyl Salicylate. Therefore, concomitant use of Terocin and Celebrex should be avoided. Therefore, Terocin is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines Pages 111-113 state: Topical Analgesics are largely experimental. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since NSAID Methyl Salicylate and Capsaicin are not recommended, then Terocin is not recommended. Clinical guidelines and medical records do not support the medical necessity of Terocin. Therefore, the request for Terocin Cream, Units: 240 are not medically necessary and appropriate.