

Case Number:	CM13-0049249		
Date Assigned:	12/27/2013	Date of Injury:	08/28/1998
Decision Date:	02/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 63-year-old female who reported an injury on 08/28/1998. The mechanism of injury information was not provided in the medical record. A review of the most recent clinical note dated 10/04/2013 reveals the patient complained of shoulder pain with radiculopathy. A physical examination revealed that there was guarding in the cervical and lumbar spine, with decreased cervical range of motion. There were several tender points to the patient's neck, bilateral upper trapezius, and bilateral elbows. The patient ambulated with tip-toe gait, which seemed to be difficult. The patient's diagnoses included neck pain, fibromyalgia, dyspepsia, cervical and shoulder discomfort, and right shoulder pain. The patient's medication regimen at this time includes Celebrex 200 mg, Nexium 40 mg, and Terocin lotion

IMR ISSUES, DECISIONS AND RATIONALES

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

set of 2 bottles of Terocin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS does not specifically address Terocin. It does; however, address topical analgesics, and, per California MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is also stated that any compound product that contains at least 1 drug or drug class that is not recommended, is not recommended. The requested medication, Terocin, does include capsaicin, lidocaine, menthol, and methyl salicylate. Capsaicin is only recommended as an option to a patient who has not responded, or is intolerant, to other treatments. There is no objective findings provided in the medical record suggestive that the patient has tried and not tolerated other treatments. As such, the request for (2) bottles of Terocin cream is non-certified.