MAXIMUS Federal Services

Case Number:	CM13-0058755		
Date Assigned:	02/24/2014	Date of Injury:	11/29/2012
Decision Date:	05/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

The patient is a 26 year old male injured worker with date of injury 11/29/12 with related neck pain. Pain was worsened by repetitive motions of the neck, prolonged positioning of the neck, pushing, lifting, forward reaching, and working at or above the shoulder level. The patient also complained of left shoulder and left elbow pain. On exam, cervical and dorsal spine revealed tenderness at the paravertebral muscle with spasm. Terminal range of motion was limited due to pain. On the left shoulder, residual weakness was noted and again, pain was with terminal motion. The left elbow revealed tenderness over the elbow olecranon fossa. Positive Tinel sign at the elbow was also noted. There was pain with terminal flexion. The patient was diagnosed with cervical discopathy, status post left shoulder arthroscopy with subacromial decompression and Mumford resection on 5/17/13. Treatment to date has included physical therapy, surgery, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 and 112-113..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 60, 111-113..

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate. Capsaicin does not have an indication for pain in this context. Per MTUS, there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. As the injured worker does not have osteoarthritis, fibromyalgia, or back pain, capsaicin is not recommended. However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Note the statement on page 111 that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the Terocin patches are not medically necessary.