

Case Number:	CM13-0059964		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2013
Decision Date:	04/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 54-year-old male who reported injury on 01/08/2013. The mechanism of injury was noted to be the patient injured his neck and head when he passed out at work. The patient's diagnoses were noted to be cervical discopathy and cervicalgia. The documentation of 10/30/2013 revealed that the primary treating physician was requesting authorization for medications, including Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Terocin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Topical Analgesic Topical Capsaicin Lidocaine Page(s): 105 111 28 112.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who

have not responded or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS Guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants, and that the patient had not responded or was intolerant to other treatments. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for topical Terocin Patch is not medically necessary.