

Case Number:	CM13-0067853		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2011
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral knee pain reportedly associated with an industrial injury of October 2, 2011. Thus far, the applicant has been treated with analgesic medications, topical compounds, nutritional supplements and opioid agents. In a utilization review report of December 4, 2013, the claims administrator denied a request for a topical-compounded Terocin lotion. The applicant's attorney subsequently appealed. A clinical progress note of November 5, 2013 is notable for comments that the applicant is using a variety of oral and topical agents, including oral Nucynta, Somnicin, Genicine, a Gabacyclotram compound, a Flurbiprofen-containing compound, and a Terocin compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TEROGIN 240ML - CAPSAICIN 0.025%, METHYL SALICYLATE 25%, MENTHOL 10%, LIDOCAINE 2.5%, THREE TO FOUR TIMES PER DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section; Topical Analgesics Section Page(s): 28; 111.

Decision rationale: Terocin is an amalgam of multiple different topical ingredients. One of the ingredients in the compound, namely Capsaicin, is, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, considered a last-line agent, to be employed only in those applicants who are intolerant to and/or failed multiple first-line agents. In this case, however, the applicant's seemingly successful usage of first-line oral Nucynta effectively obviates the need for the Capsaicin-containing compound. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified, on independent medical review.