

Case Number:	CM14-0002111		
Date Assigned:	02/05/2014	Date of Injury:	06/07/2012
Decision Date:	06/16/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery 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 claimant is a 43-year-old who sustained an injury while typing computer. The carrier accepted cervical complaints under the coverage. The claimant had complaints of radicular pain to the left shoulder has attended for physical therapy sessions. The claimant notes improvement of the painful sessions. The most recent exam documents tenderness palpation of the paraspinal musculature, tenderness to palpation of the cervical facet joints, normal cervical alignment, limited painful cervical flexion, and limited painful cervical extension. There is no loss of muscle strength noted in the upper extremities and special test and cervical spine is normal with no nerve root irritation or dysfunction. The clinician indicates that the MRI shows multilevel degenerative changes neuroforaminal stenosis at multiple levels. Subsequently, medial branch block and radiofrequency ablations were performed. The medication in question appears to have been provided postoperatively for pain control. Terocin Cream Methyl Salicylate 25%, Capsaicin 0.25%, Menthol 10% and Lidocaine 25%, qty: 1.00 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TEROGIN CREAM METHYL SALICYLATE 25%, CAPSAICIN 0.25%, MENTHOL 10% AND LIDOCAINE 25%, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin is a topical analgesic containing Methyl Salicylate 25%, C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; LIDODERM PATCH Page(s): 111-127, 56.

Decision rationale: Terocin is a topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The California MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical Lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the claimant has not attempted a trial of either of these classes of medications. As such, in accordance with the California MTUS when a single component of the compounded medication is not indicated the entire medication is not indicated. Thus, this request is considered not medically necessary.