

Case Number:	CM14-0003947		
Date Assigned:	01/31/2014	Date of Injury:	08/06/2012
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 42-year-old male who was injured on August 6, 2012. The review in question was performed on December 24, 2013. The claimant is documented as presenting with persistent pain and stiffness in the cervical spine. The physical exam documents pain and tenderness with palpation as well circle paraspinal muscle spasm. Subsequent clinical documentation from January 22, 2014 reveals: examination findings and a normal neurovascular exam. Diagnoses from this visit include status post enter cervical spine vasectomy infusion C4-C6, double cross syndrome, status post right cubital tunnel release, and electrodiagnostic evidence of bilateral carpal tunnel syndrome. The reviewer denies the request noting that menthol is not an option for topical medications and if a single portion of a compounded medication is not recommended then the entire medication is not recommended.

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 Topical Medications.

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

Decision rationale: Terocin is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The 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 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.