

Case Number:	CM14-0004261		
Date Assigned:	02/05/2014	Date of Injury:	05/13/2009
Decision Date:	12/16/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 45 year old male who was injured on 5/13/2009. The diagnoses are left ankle, left foot, hip, bilateral knee and low back pain. There is associated diagnosis of morbid obesity that was treated with gastric bypass surgery. The patient completed chiropractic / massage treatments and Orthovisc injections to the left knee. The past surgery history is significant for left knee arthroscopies and reconstructive surgery. The most recent available record was dated 12/30/2013. It was the first office visit with [REDACTED]. There were no details on subjective or objective findings except for tenderness to the left calf. The patient stated that he was utilizing the Terocin lotion for calf pain. There was no report of failure of first line medications. A Utilization Review determination was rendered on 1/10/2014 recommending denial for Terocin lotion 4oz 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain lotion 4oz with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound preparations can be utilized for the treatment of localized neuropathic pain when treatment with anticonvulsant and antidepressant medications cannot be utilized or have failed. The records did not indicate that the patient was diagnosed with localized neuropathic pain. There is documentation of chronic musculoskeletal pain and surgeries in multiple joints. The records did not indicate that the patient failed first line medications for the treatment of musculoskeletal or neuropathic pain. The guidelines recommend that compound products be tried and evaluated individually for efficacy and adverse effects. The Terocin lotion contains Methyl Salicylate 25%/ Capsaicin 0.025%/ Menthol 10% / Lidocaine 2.5%. There is lack of guidelines or FDA support for the chronic use of methyl salicylate or menthol for the treatment of musculoskeletal pain. The criteria for the use of Terocin lotion 4oz 6 refills were not met.