

Case Number:	CM14-0106334		
Date Assigned:	07/30/2014	Date of Injury:	08/28/1998
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 patient is a 63 year old female who was injured on 08/28/1998. The mechanism of injury is unknown. Prior medication history included Celebrex, Nexium, and Flexeril. She has been treated conservatively with aquatic therapy. Progress report dated 06/06/2014 indicates the patient presented with complaints of neck pain and bilateral shoulder pain. She also complained of low back pain with spasm. Objective findings on exam revealed guarding of the cervical and lumbar spine. She has tenderness at trigger points of the cervical spine and right upper shoulder. Range of motion of the cervical spine revealed extension to 30 degrees and flexion to 40 degrees. Range of motion of the lumbar spine revealed flexion to 50 degrees and extension to 10 degrees. Diagnoses are neck and bilateral shoulder pain, right upper extremity pain; low back pain polyarthralgia; hip and ankle pain; depression, dyspepsia, fibromyalgia, and HTN. The treatment and plan included Terocin lotion 2 bottles, Protonix, and Fexmid. Physical therapy was also requested for the patient. Prior utilization review dated 06/13/2014 states the request for Terocin Lotion 2 bottles is denied as compounded product that contains one drug of drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: TEROGIN
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: This is a request for Terocin lotion, which contains Lidocaine, Menthol, Methyl Salicylate and Capsaicin. However, California MTUS guidelines do not recommend topical Lidocaine in any formulation other than Lidoderm patches. Further, Lidocaine is only indicated for localized, peripheral neuropathic pain for which first-line oral medications have failed, but records provided do not establish neuropathic pain. Further, topical NSAIDs such as Methyl Salicylate, are only recommended for short-term use of 4-12 weeks, yet the patient appears to be prescribed Terocin lotion on a long-term basis. The medical necessity is not established.