

Case Number:	CM14-0106502		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2012
Decision Date:	09/25/2014	UR Denial Date:	07/07/2014
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 Physical Medicine and Rehabilitation 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 58-year-old female who has submitted a claim for lumbar disc displacement associated with an industrial injury date of February 15, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the cervical spine, lumbar spine, bilateral upper extremities, and bilateral lower extremities. On examination, patient was found to have a restricted range of motion of the cervical and lumbar spine. Treatment to date has included medications, topical products and conservative therapies. Utilization review from July 7, 2014 denied the request for Retrospective request for Terocin 120ml topical, DOS 08/01/2012 because the guidelines do not support the substance being requested. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin 120ml topical, DOS 08/01/2012: 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; Salicylate; Topical Analgesics Page(s): 28-29; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Salicylates, Topical.

Decision rationale: Terocin lotion contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. It is a topical analgesic used temporarily to relieve mild aches and pains of muscles or joints. There is little to no research to support the use of Lidocaine for compounded products, and lidocaine is not recommended for topical use. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the patient was prescribed Terocin 120ml topical on 08/01/2012. As noted on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion contains lidocaine, which is not recommended for topical use. Therefore, the request for Retrospective request for Terocin 120ml topical, DOS 08/01/2012 is not medically necessary.