

Case Number:	CM14-0010253		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2007
Decision Date:	08/12/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 60-year-old male with an 8/1/07 date of injury from a slip and fall. 4/1/11 MRI of the right knee revealed a subtle tear of the lateral meniscus. 4/1/11 MRI of the left knee revealed a large Baker's cyst. 4/30/12 EMG/NCV studies revealed evidence of chronic bilateral L5-S1 radiculopathy without acute denervation. 11/14/13 UDS did not detect any prescribed medications, including Gabapentin, muscle relaxants, and Tramadol. 12/18/13 Progress note described slight low back pain with lower extremity radiculopathy. Current medications include glucosamine, Prilosec, Anaprox, and Ultracet. Treatment to date has included L4-5 decompression (2010); lumbar spine hardware removal (2013); post-operative PT; activity modification; and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Terocin 240 ml (Methly Salicylate, Capsaicin, Menthol and Lidocain Hydrochloride): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 112-113.

Decision rationale: Medical necessity for the requested Terocin cream is not established. Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a Capsaicin formulation, the above compounded topical medication is not recommended. Within the context of this appeal, no additional information regarding Terocin was provided, including reduction in PO medication use, functional improvement, or improvement in VAS scores. The request is not substantiated therefore is not medically necessary.