MAXIMUS Federal Services

Case Number:	CM14-0012443		
Date Assigned:	02/21/2014	Date of Injury:	07/09/2003
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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:

This is a 66-year-old with a July 9, 2003 date of injury. The mechanism of injury was not provided. In a January 9, 2014 progress note, the patient increased of increasing back spasm. Objective findings: Felxion was 20 degrees, extension 3 degrees, lateral movements 20 degrees. Lateral movements caused pain and spasm, left worse than right. She had spinal and paraspinal tenderness without reproducible spasms. Diagnostic impression: Sprain/strain of lumbar spine, Degenerative joint disease. Treatment to date: medication management, activity modification, chiropractic therapy. A UR decision dated Janaury 16, 2014 denied the request for Terocin topical cream. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Terocin cream: 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 rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The

Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, the Chronic Pain Medical Treatment Guidelines 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. Guidelines do not support a cream formulation of Lidocaine due to the lack of ability to know the specific amount of lidocaine absorbed and can lead to systemic toxicity. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Topical Terocin cream is not medically necessary or appropriate.