

Case Number:	CM14-0015937		
Date Assigned:	06/04/2014	Date of Injury:	05/11/2007
Decision Date:	08/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 46-year-old man who sustained a work-related injury on May 11, 2007. Subsequently, he developed chronic neck and low back pain. According to the progress report dated on April 17, 2014, the patient is complaining of a chronic pain in his cervical and lumbar spines. Pain radiates to his lower extremities bilaterally and to upper extremities bilaterally more so on the right side. He is status post lumbar spine fusion anteriorly and posteriorly of L5-S1 in the year of 2008. His pain was rated 4-5/10. On physical examination demonstrated spasm and tenderness observed in the paravertebral muscles of the cervical lumbar spines with decreased range of motion on flexion and extension, decreased sensation with pain is noted in L4, L5, and S1. dermatomal distributions bilaterally. There is a well-healed incisions are noted. The patient was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, and status post lumbar fusion anterior and posterior. Previous treatment had included: shockwave therapy, Dicapanol, Deprizine, Fanatrex, Synapryn, Tabradol, physical therapy, and acupuncture. The provider requested authorization for Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES, QUANTITY UNKNOWN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE, TOPICAL ANALGESICS Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.