

Case Number:	CM14-0112496		
Date Assigned:	08/01/2014	Date of Injury:	06/30/2001
Decision Date:	10/20/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 claimant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain, mid back pain, low back pain, and myofascial pain syndrome reportedly associated with cumulative trauma at work first claimed on June 1, 1999. Thus far, the claimant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical compounded medications; and the apparent imposition of permanent work restrictions, which reportedly resulted in the claimant's removal from the workplace. In a Utilization Review Report dated June 30, 2014, the claims administrator conditionally denied a request for a multidisciplinary consultation and also denied a request for a topical compounded Terocin lotion. The claimant's attorney subsequently appealed. In a September 25, 2014, progress note, appeal letter, the claimant's treating provider suggested that pursuit of functional restoration program would enable the claimant to return to work as a hairstylist and/or daycare worker. In a handwritten note dated September 9, 2014, the claimant was placed off of work, on total temporary disability. It was stated that the claimant was "using Terocin patches and Celexa." A 7/10 pain was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Topical Compound Terocin Lotion (20% Methyl Salicylate, 10% Menthol, 0.025% Capsaicin, and 2.5% Lidocaine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin; Lidocaine, Topical; Capsaicin, Topical; Salicylate Topica.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so to justify selection and/or ongoing usage of the topical compounded Terocin patch at issue. It is further noted that the claimant has already received the Terocin patches at issue and has failed to demonstrate any functional improvement or lasting benefit through ongoing usage of the same. The claimant remains off of work, on total temporary disability, despite ongoing usage of the Terocin, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request for One Prescription of Topical Compound Terocin Lotion (20% Methyl Salicylate, 10% Menthol, 0.025% Capsaicin, and 2.5% Lidocaine) is not medically necessary.