

Case Number:	CM14-0113906		
Date Assigned:	08/01/2014	Date of Injury:	10/14/2009
Decision Date:	09/12/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic Surgeon, 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 injured worker is a 50-year-old female who reported an injury on 10/14/2009. The mechanism of injury was not provided for review. The injured worker's treatment history included right shoulder surgery with postoperative physical therapy, medications, a cervical fusion, with postoperative physical therapy, acupuncture, chiropractic care and multiple medications. The injured worker was evaluated on 05/14/2014. It was noted that the injured worker had increased pain of the cervical spine. Physical findings included decreased range of motion of the right shoulder with positive impingement, and decreased range of motion of the cervical spine secondary to pain. The injured worker's medications included Neurontin and Norco 10/325 mg. A request was made for Terocin patches. However, no justification for the request was provided. A request for authorization was not submitted for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested medication is a compounded medication containing menthol, methyl salicylate, capsaicin, and lidocaine. The MTUS guidelines do not support the use of capsaicin as a topical analgesic unless there is documentation that the injured worker has failed to respond to first line chronic pain management treatments. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first line medications, such as anticonvulsants and antidepressants. Therefore, the need for capsaicin as a topical analgesic is not supported. Additionally, the MTUS does not support the use of lidocaine in a topical formulation unless there is documentation that the injured worker has failed to respond to oral formulations of anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to oral anticonvulsants and requires a topical formulation of lidocaine. Furthermore, the request as it is submitted does not clearly define a dosage, quantity, frequency, or applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Terocin patches are not medically necessary.