

Case Number:	CM14-0116120		
Date Assigned:	08/04/2014	Date of Injury:	09/23/2004
Decision Date:	10/01/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal Medicine, Pulmonary Diseases 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 46-year-old female who reported an injury on 09/23/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 04/02/2014 indicated diagnoses of cervical spine displacement and internal derangement of the right shoulder. The injured worker reported continued neck pain, right shoulder pain, and low back and leg pain, left greater than right, with swelling to the left ankle. On physical examination, there was tenderness to the cervical spine, right greater than left, and right shoulder with a positive straight leg raise, left greater than right. Swelling to the right ankle with tenderness. The injured worker's treatment plan included continued medications of Norco, Tizanidine, and transdermal medication. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Norco, Tizanidine, and transdermal medication. The provider submitted a request for Terocin ointment. A Request for Authorization dated 05/20/2014 was submitted for Terocin ointment. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Terocin Ointment #1 Bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 Prescription for Terocin Ointment #1 Bottle is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for postherpetic neuralgia, diabetic neuropathy and postmastectomy pain. The guidelines also indicate topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There was a lack of evidence in the documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy, or postmastectomy pain to warrant the use of capsaicin. In addition, the guidelines recommend Lidocaine in the formulation of a dermal patch, Lidoderm. Therefore, Lidocaine is not recommended. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the request did not provide a frequency or dosage for the Terocin ointment. Therefore, the request is not medically necessary.