

Case Number:	CM14-0128253		
Date Assigned:	08/15/2014	Date of Injury:	11/05/2010
Decision Date:	09/25/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 45-year-old gentleman was injured on November 5, 2010. The mechanism of injury was lifting boxes of wine, and he injured his lumbar spine. The most recent progress note dated June 16, 2014, indicates that there are ongoing complaints of constant lumbar spine pain and intermittent right shoulder pain. The physical examination demonstrated limited range of motion and tenderness of the right shoulder. There was also decreased motion of the lumbar spine with spasms. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for Terocin topical cream and was not certified in the pre-authorization process on August 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Prescription of Terocin Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The California Medical

Treatment Utilization Schedule notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the injured employee has not attempted a trial of either of these classes of medications. According to The California Medical Treatment Utilization Schedule when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request for Terocin topical cream is not medically necessary.