

Case Number:	CM14-0178293		
Date Assigned:	10/31/2014	Date of Injury:	05/19/2014
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 Montana. 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 sustained an injury on 5/19/14 when a metal bar fell onto the back of his neck. Since then he has continued to complain of neck pain with radiation into both upper extremities. His diagnoses include cervical disc protrusion, spondylosis, spinal stenosis and radiculopathy. The records show that he also had neck and back injuries related to a motor vehicle accident in August 2013. His treatment for this injury has included medications, acupuncture and physical therapy. He did have a CT and MRI of the cervical spine in June 2014. Those reports are not provided. The treating physician has requested Terocin 120 ml and Calypso Cream 113 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Terocin is a combination medication containing methyl salicylate, lidocaine, capsaicin and menthol. The MTUS notes that use of topical analgesics is largely experimental

with few trials to determine efficacy or safety. Specifically, topical lidocaine is recommended only for neuropathic pain after a trial of first-line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Methyl salicylate is a volatile oil with a characteristic wintergreen odor and taste, used as a flavoring agent and as a topical counter-irritant for muscle pain. The salicylate component is an ant-inflammatory agent. Topical non-steroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials with most studies being small and of short duration. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Terocin 120 ml is not medically necessary.

Calypxo Cream 113 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Calypxo Cream is a topical analgesic containing Methyl Salicylate 10g in 100g, and Menthol 3g in 100g. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Methyl salicylate is a volatile oil with a characteristic wintergreen odor and taste, used as a flavoring agent and as a topical counter-irritant for muscle pain. The salicylate component is an ant-inflammatory agent. Topical non-steroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials with most studies being small and of short duration. The MTUS does not specifically address use of methyl salicylate. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Calypxo Cream 113 grams is not medically necessary.