

Case Number:	CM14-0181021		
Date Assigned:	11/05/2014	Date of Injury:	07/29/2008
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 55-year-old woman who sustained a work-related injury on July 29, 2008. She subsequently developed neck and back pain. Prior treatments included: medications (reduced the pain by 60%), physical therapy, chiropractic therapy, psychiatric consultation and treatment, TENS unit, home exercise program, and cortisone injections (with no improvement). MRI of the cervical spine dated October 24, 2013 showed degenerative disc disease and facet arthropathy with reversal of cervical lordosis with retrolisthesis C4-5 and C6-7. Neural foraminal narrowing includes C6-7 mild bilateral neural foraminal narrowing. Degenerative disc disease proximal thoracic spine with focal protrusions. MRI of the thoracic spine dated October 24, 2013 showed multilevel degenerative disc disease with multifocal protrusions resulting in T1-2, T2-3, T3-4 mild, T9-10, T10-11 mild, T11-12, T12-L1 moderate, and L1-2 mild to moderate canal stenosis without evidence for neural foraminal narrowing. Spondylolisthesis or compression deformity. MRI of the lumbar spine dated November 4, 2013 showed degenerative disc disease and facet arthropathy with heterolisthes L3-4, L4-5, and L5-S1. Canal stenosis includes T12-L1, L1-2, L4-5 mild canal stenosis. neural foraminal narrowing includes L3-4 mild right, mild-to-moderate left, L4-5 caudal left, mild-to-moderate right, and L5-S1 mild left neural foraminal narrowing. According to the progress report dated October 23, 2014, the patient stated that her pain has been somewhat increased with cold weather. She reported continued pain in her neck, low back, and both feet/ankles. The patient rated her pain at 5/10. Physical examination revealed tenderness to palpation over the cervical paraspinal muscle. The patient had reduced grip strength on the left upper extremity. There was tenderness to palpation over the lumbar paraspinal muscle. There was reduced sensation to the right lower extremity. The patient was diagnosed with thoracic DDS, lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, and sacroiliac ligament sprain/strain. The provider requested authorization for Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Terocin patch contains methyl salicylate 25g in 100ml, capsaicin 0.025g in 100ml, menthol 10g in 100ml, lidocaine hydrochloride 2.5g in 100mL. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. In addition, there is no clear documentation of safety and efficacy of the previous use of Terocin. Furthermore, there is no documentation of failure or intolerance to first line oral pain medications. Based on the above Terocin is not medically necessary.