MAXIMUS Federal Services

Case Number:	CM14-0183456		
Date Assigned:	11/10/2014	Date of Injury:	01/20/2004
Decision Date:	12/18/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 01/20/2004. The mechanism of injury was the injured worker was assaulted by multiple assailants immediately after he looking down at his watch to tell the assailants what time it was. The diagnoses were noted to include lumbar sprain and strain, temporomandibular joint syndrome, PTSD, late effects fracture of upper extremity, as well as postconcussion syndrome. The surgical history was not provided. The diagnostic studies were not provided. Other treatments included acupuncture, psychiatric care, journaling, a TENS unit, and topicals including Menthoderm and an oral medication, Zoloft 25 mg. The documentation of 10/09/2014 revealed the injured worker was having subjective complaints of low back pain radiating to the lower extremities, right greater than left. The injured worker had increased stress secondary to a family death. The injured worker was having memory issues, headaches, and a poor mood. The injured worker was noted to have tenderness to palpation. The treatment plan included TENS patches and Terocin x2 months. There was a Request for Authorization form submitted for review dated 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Terocin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=Terocin

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and that antidepressants and anticonvulsants have failed. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. Additionally, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations as any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was not provided. The body part to be treated with the Terocin was not provided. Given the above, the request for 2 prescriptions of Terocin 120 mL is not medically necessary.