

Case Number:	CM14-0022535		
Date Assigned:	06/11/2014	Date of Injury:	05/19/2013
Decision Date:	07/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neurological Surgery 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 26-year-old male injured on May 19, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 26, 2014, indicates that there were ongoing complaints of right wrist pain and forearm pain. Previous treatment has included a right wrist surgery on November 27, 2014, and the injured employee has participated in 12 sessions of postoperative physical therapy. It was stated that the injured employee will be participating in 12 more sessions of therapy soon. Current medications include Ultracet, Pantoprazole, Senokot, Tramadol, Terocin patches, Albuterol, Amitriptyline, Cetirizine, Citalopram, Ibuprofen, Sumatriptan, Tylenol and Verapamil. There were complaints of continued pain and decreased mobility. The physical examination demonstrated tenderness over the dorsal aspect of the left wrist on the ulnar aspect and pain range of motion. There were diagnoses of forearm pain and status post scapholunate ligament reconstruction. Prescriptions were written for Tramadol, Senokot and Terocin patches. Pantoprazole was discontinued. A request had been made for Prilosec, a urine drug screen, and Terocin. Terocin was not recommended in the pre-authorization process on January 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN CREAM: 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 of 127.

Decision rationale: Terocin is a topical compounded medication made of Methyl Salicylate, Capsaicin, Menthol and Lidocaine Hydrochloride. While the Chronic Pain Medical Treatment Guidelines recommend the usage of Capsaicin and Lidocaine as a topical analgesic, it does not endorse the use of Menthol or Methyl Salicylate. There is no mention in the attached medical record for a specific justification for this medication as opposed to other topical analgesics nor any mention of its specific efficacy. Without specific justification for the use of Terocin, this request is not medically necessary.