

Case Number:	CM14-0027877		
Date Assigned:	06/16/2014	Date of Injury:	02/18/2010
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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 Orthopedic 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 36 year-old male injured on February 18, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of constant neck pain associated with diffuse headaches. There is tingling, numbness on the right-hand. The claimant states Terocin patches help. The physical examination demonstrated the cervical spine mobility to be satisfactory with discomfort on end of extension. Increased muscle tension in the lumbar paraspinal muscles. There is cervical and lumbar tenderness noted. There were no neurological deficits noted. Deep tendon reflexes and strength are not reported. The exam is limited secondary to her recent lower extremity injury noted. Diagnostic imaging studies reported as a lumbar MRI with moderate bilateral facet hypertrophy and ligament flavum laxity from L3-4 to L5-S1 without significant neural foramina narrowing. There is a central annular tear measuring 6 mm in transverse dimension. There is a central annular tear. Other studies include an MRI of the chest, and MR angiography of the head, x-ray of the shoulder, x-ray of the neck, revealing no evidence of acute osseous injury to the cervical spine, and x-rays of the thoracic and lumbar spine. The last MRI of the cervical spine from March 2012 revealed small protrusions at C4-5 and C5-6. Previous treatment includes oral anti-inflammatories with gastro intestinal bleeding to claimant and topical medication. A request had been made for Terocin and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH (NO QUANTITY LISTED): 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): 111-113.

Decision rationale: Terocin is topical compound composed of methyl salicylate 25%, capsaicin 0.25%, lidocaine 2.5% and menthol. There are a few indications for the use of topical analgesics. By far they are largely experimental in use with few randomized control trials to determine efficacy or safety. These are recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. According to Chronic Pain Medical Treatment Guidelines, there is little or no research support the use of these products any compound product that contains at least one drug (or drug class) that is not recommended, the medication is not recommended. Capsaicin is recommended only as an option in patients have not responded or intolerant to other treatments. There is not enough evidence to suggest the patient has neuropathic pain or has failed other medications recently. There has been a lapse between office visits. Therefore, Terocin is not medically necessary.