MAXIMUS Federal Services

Case Number:	CM14-0037282		
Date Assigned:	06/27/2014	Date of Injury:	04/12/2012
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 72-year-old with an injury date on 4/12/12. Based on the 3/4/14 progress report provided by [redacted] the diagnoses are: Left upper extremity radiculopathy, Cervical radiculopathy with multilevel disc herniation, stenosis, and spondylosis; Aggravation of hypertension; Anxiety secondary to orthopedic injury; Status post left shoulder reverse total shoulder replacement on 04/19/2013; Herniated nucleus pulposus, spinal cord compression, and neural foraminal stenosis at C3 through C7 with bilateral upper extremity myeloradiculopathy. Exam on 3/4/14 showed "C-spine has no tenderness to palpation over paraspinals. Range of motion is decreased. Left shoulder reveals no tenderness to palpation. Left shoulder range of motion moderately limited with forward flexion 120/180 degrees, abduction at 110/180 degrees, internal/external rotation at 45/90 degrees. Positive Spurling's test bilaterally. [redacted] is requesting Terocin topical pain cream. The utilization review determination being challenged is dated 3/24/14. [redacted] is the requesting provider, and he provided treatment report from 3/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril, Norco, Terocin Topical Pain Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Page(s): 105, 111-113.

Decision rationale: This patient presents with constant neck pain left greater than right, and constant left shoulder pain. The treater has asked Terocin topical pain cream on 3/4/14. Review of 3/4/14 report shows patient is currently taking Norco, Soma, Ultram, and Naprosyn. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin is a compound of methyl salicylate, capsaicin, menthol and lidocaine. Other than patches, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain by MTUS. As topical Terocin is not indicated, the entire requested compound cream is not indicated. Recommendation is not medically necessary.