

Case Number:	CM14-0053827		
Date Assigned:	07/07/2014	Date of Injury:	11/05/2012
Decision Date:	08/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on November 5, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 2, 2014, did not indicate any specific complaints or physical examination findings. This was simply a check off list of the medications that were being prescribed. There was a handwritten PR-2 note dated March 18, 2014, which indicated that there were ongoing complaints of constant neck pain. However, the notice was very illegible. The physical examination noted tenderness to palpation, a positive Tinel's test, negative Speed test and a positive Phalen's sign. The January 16, 2014 note was typewritten and outlined cervical spine physical examination demonstrated tenderness to palpation and muscle spasm. The physical examination of the shoulders was unchanged. Diagnostic imaging studies were not reviewed or discussed. Previous treatment included electrodiagnostic assessment and multiple medications. A request had been made for terocin patch and was not certified in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch for Mild to Moderate Acute/Chronic Pain #30 Pieces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 112-113. Decision based on Non-MTUS Citation Food and Drug Administration, February 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The California Medical Treatment Utilization Schedule notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the injured worker has not attempted a trial of either of these classes of medications. California Medical Treatment Utilization Schedule notes, when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request is considered not medically necessary.