

Case Number:	CM14-0055875		
Date Assigned:	06/16/2014	Date of Injury:	10/05/2006
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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:

This claimant was injured on 10/05/06. Terocin cream has been denied and is under appeal. She has been on a high dose of morphine for many years according to a note by [REDACTED] dated 08/24/13. Injections were recommended for her knees and left shoulder along with PT on 08/07/13. She was prescribed omeprazole and Terocin pain relief lotion on 08/08/13. She was also using MSIR, Prilosec, and Cymbalta. She reported her medications had been stolen 1 1/2 weeks before. She had been taking five morphine, one Cymbalta, two Prilosec, and capsaicin cream, which helped her decrease her pain. Terocin cream was ordered on that day along with MSIR, Cymbalta, and Prilosec. On 08/27/13, a spinal cord stimulator trial was also discussed. She received intraarticular injections to both knees on 09/24/13 and was still using Terocin cream. There was no mention of what benefit it was providing to her, however. She remained symptomatic on 10/02/13. Orthovisc and knee braces and PT were recommended. She received the Orthovisc injections. As of 11/12/13, she was still using Terocin cream once a day. Again, it is not clear what benefit she was receiving from it.

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): 143.

Decision rationale: The history and documentation do not objectively support the request for Terocin pain cream. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was taking multiple oral medications for pain and also had been using another topical agent. However, there is no documentation of lack of effect or intolerable side effects to the other medications to warrant switching to Terocin. There is no evidence of significant additional benefit to her of this type of medication. There is no documentation of objective or functional benefit from the use of topical agents. The medical necessity of this medication has not been demonstrated and is not supported per the MTUS.