

Case Number:	CM14-0066800		
Date Assigned:	07/11/2014	Date of Injury:	10/12/2012
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 records, presented for review, indicate that this 35-year-old individual was reportedly injured on 10/12/2012. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated 3/19/2014, indicated that there were ongoing complaints of neck pain, inter-scapular pain, and left arm numbness. The physical examination demonstrated cervical spine flexion 50, extension 30, and rotation bilaterally 45. Lateral bending to the left was 50. Extension rotations of left were pain-free. Lateral bending to the right 45 caused tightness. Spurling's maneuver caused dizziness. Shoulder range of motion was pain free. Upper extremity reflexes were 2, muscle strength fall. C6-C7 positive tenderness to palpation. No recent diagnostic studies were available for review. Previous treatment included conservative treatment. A request had been made for Terocin Lotion (20% methyl salicylate, 10% menthol, 0.024% capsaicin, 2.5% lidocaine) and was not certified in the pre-authorization process on 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Terocin Lotion (20% methyl salicylate, 10% menthol, 0.024% capsaicin, 2.5% lidocaine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.