

Case Number:	CM14-0082142		
Date Assigned:	07/21/2014	Date of Injury:	01/02/2012
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 45-year-old male who reported an injury on 01/02/2012. The mechanism of injury was not provided for clinical review. The diagnoses included end stage left hip osteoarthritis, acute pain optimally controlled at this time, and moderate distress secondary to recurrent dark brown emesis and nausea. The previous treatments included medication, surgery, and physical therapy. Within the clinical note dated 03/19/2014, it was reported the injured worker complained of constant left hip pain located over the anterior thigh with radiation to the left groin. He complained of stiffness, decreased mobility, decreased range of motion, and limitation in activities of daily living. On physical examination, the provider noted the injured worker had left hip range of motion of 0 to 90 degrees with extension, and flexion of 20 degrees. The provider noted the injured worker had pain through the arc of motion in all planes. The request as submitted was for compounding anti-inflammatory cream (Terocin). However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin(Capsaicin 0.025%, Menthyl Salicylate 25%, Menthol 10%) 240 ml: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for Terocin (Capsaicin 0.025%, Menthyl Salicylate 25%, Menthol 10%) 240 mL is not medically necessary. The California MTUS Guidelines note topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 03/2014, which exceeds the guideline recommendations of short term use of 4 to 12 weeks. Additionally, there was a lack of documentation indicating the injured worker had not been responding well or is intolerant to other treatments. Therefore, the request is not medically necessary.