

Case Number:	CM14-0015699		
Date Assigned:	03/03/2014	Date of Injury:	06/06/2008
Decision Date:	11/09/2015	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 6, 2008. In a Utilization Review report dated January 28, 2014, the claims administrator failed to approve a request for topical Terocin. The claims administrator referenced a December 28, 2013 order form in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated October 24, 2013, difficult to follow, not entirely legible, the applicant was apparently placed off of work, on total temporary disability. No seeming discussion of medication selection and/or medication efficacy transpired. On October 2, 2013, however, it was acknowledged that the applicant was using Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Terocin Patch DIS 4-4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROCIN-

methyl salicylate, capsaicin, menthol

dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: No, the request for topical compounded Terocin patch was not medically necessary, medically appropriate, or indicated here. As noted by the National Library of Medicine (NLM), Terocin, the agent in question, is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.