

Case Number:	CM14-0163776		
Date Assigned:	10/09/2014	Date of Injury:	03/11/2009
Decision Date:	01/26/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Rehab 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 54 year old female with a date of injury as 03/11/2009. The worker was injured when she was hit by a car. The current diagnoses include cervical disc with radiculitis, lumbar disc with radiculitis, and depression. Previous treatment includes multiple oral medications, topical medications, TENS unit, physical therapy, heating pad, ice, exercise, and acupuncture. Primary treating physician's reports dated 09/08/2014, 09/25/2014, and 10/09/2014 were included in the documentation submitted for review. Report dated 10/09/2014 noted that the injured worker presented with complaints that included a pain level of 3-4 out of 10. The pain was described as burning, sharp-shooting, tingling, numbness, pinprick, stabbing, deep-pressure, tightness, and spasms. Pain is aggravated by activities, and mildly alleviated by pain medications and acupuncture. Physical examination revealed reduced cervical and lumbar range of motion, decreased strength and sensation in the right upper and lower extremities, and tenderness to palpation in the lumbar paraspinals L3-S1 levels bilaterally. The physician noted that the injured worker has used Terocin lotion in the past and reports benefits with its use, but not detailed evaluation of the benefits was provided. The injured worker's work status was not included. The utilization review performed on 09/30/2014 non-certified a prescription for Terocin lotion based on no documentation to support intolerance to similar oral medications. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 0.025%-2.5%-10%-25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia Serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications. The Terocin lotion 0.025%-2.5%-10%-25% is not medically necessary and appropriate.