

Case Number:	CM14-0185187		
Date Assigned:	12/12/2014	Date of Injury:	01/21/2009
Decision Date:	01/15/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 21, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a request for Terocin while conditionally denying a request for tramadol-acetaminophen. The claims administrator stated that its decision was based on a progress note dated September 20, 2014. The applicant's attorney subsequently appealed. In a September 20, 2014 progress note, the applicant reported persistent complaints of left ankle pain, reportedly controlled with tramadol-acetaminophen. The applicant was working full time with his current medication regimen, it was acknowledged. The applicant was to continue home exercises. Tramadol-acetaminophen was renewed, along with the Terocin cream/lotion at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Terocin #120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. Page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that topical capsaicin is only indicated as a last-line agent, in applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's ongoing and reportedly successful usage of first-line oral pharmaceuticals such as Tramadol-acetaminophen (Ultracet) effectively obviated the need for the capsaicin-containing Terocin compound at issue. The applicant was described as using Tramadol-acetaminophen with reportedly good effect on a progress note of September 20, 2014, referenced above. Therefore, the request for the capsaicin-containing Terocin cream/lotion was not medically necessary.