

Case Number:	CM14-0191248		
Date Assigned:	11/25/2014	Date of Injury:	04/14/2008
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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 injured worker is a 60 year old male with a date of injury of 04/14/08. The claimant's injury was due to lifting and pulling. The diagnosis was displacement of the lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified and myalgia and myositis unspecified. This is a request for Terocin 120 ml #1. Other medication used are Tramadol/Acetaminophen 37.5/325, Cymbalta, Omeprazole, Menthoderm topical, Simvastatin, Atenolol, Lisinopril, Amlodipine, HCTZ, Metformin and Glipizide. Terocin is not supported by the California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin #120ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Chronic pain- Salicylate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Salicylate Topicals

Decision rationale: The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Review of records indicates that this patient has been prescribed Terocin which contains Lidocaine, Capsaicin, Methyl Salicylate and Menthol. MTUS guidelines state that Lidocaine in a topical formulation is recommended for localized peripheral pain after there is evidence of a trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch is the only topical formulation indicated for neuropathic pain. Capsaicin is only recommended as an option in patients that have not responded or are intolerant of other treatments. Topical salicylates may be useful in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder; and they are not recommended for neuropathic pain as there is no evidence to support use. The California Medical Treatment Utilization Schedule, Official Disability Guidelines, and National Guidelines Clearinghouse provide no evidence-based recommendations regarding the topical application of Menthol. As guidelines state, if any compounded product contains at least one drug or drug class that is not recommended it is not recommended. This product contains 3 drugs that are not recommended and he has axial pain for which topical NSAIDs are not recommended. Therefore, based on review of the available documentation and the cited guidelines, the request is not medically necessary.