

Case Number:	CM14-0198554		
Date Assigned:	12/08/2014	Date of Injury:	03/06/2001
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 low back pain reportedly associated with an industrial injury of March 6, 2001. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for Terocin patches. The claims administrator invoked RFA forms, vendor forms, and progress notes dated November 13, 2014, November 11, 2014, and November 3, 2014 in its denial. The claims administrator stated that the applicant was off of work and concurrently using Norco, an opioid agent. The applicant's attorney subsequently appealed. On November 7, 2014, the applicant did report ongoing complaints of low back pain some two months removed from an earlier lumbar laminectomy surgery of September 3, 2014. The applicant had undergone prior lumbar laminectomy surgeries in September 2014 and July 2003, it was stated. The applicant was using Norco, it was stated in one section of the note. Terocin was also introduced while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: 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 Capsaicin Page(s): 28. 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, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines takes the position that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of Norco, a first-line oral pharmaceutical, effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.