

Case Number:	CM14-0198666		
Date Assigned:	12/09/2014	Date of Injury:	04/29/2009
Decision Date:	01/26/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on 04/29/2009. His diagnoses include headaches, brachial neuritis or radiculitis, cervical disc protrusion with myelopathy, lumbar disc protrusion, lumbar radiculopathy, bilateral elbow medial epicondylitis, left elbow lateral epicondylitis, right chondromalacia patella, left patellar tendinitis, depression. According to the primary treating physician's progress report of 09/24/2014 he complains of constant headaches, constant neck pain radiating to the upper extremities with numbness and tingling, constant low back pain radiating to the lower extremities with numbness and tingling, frequent bilateral elbow pain, and constant bilateral knee pain. Topical creams/patches were reported to decrease pain, increase sleep and help him walk/sit/stand longer. The treatment plan included Terocin, Flurbi(NAP) Cream-LA, Gabacyclotram, Genicin, Somnicin, Omeprazole, Alprazolam, Tramadol, Methoderm gel. A TENS unit was also recommended and he was to continue his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

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

Decision rationale: Terocin is a topical analgesic combined with Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Methyl salicylate is discussed under topical salicylates in the MTUS and is recommended. Bengay is specifically referred to and recommended under topical salicylates and contains menthol as well. Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is not medically necessary in this case since there is no diagnosis of neuropathic pain. Therefore the compound as a whole is not medically necessary.