

Case Number:	CM14-0198753		
Date Assigned:	12/09/2014	Date of Injury:	09/27/2004
Decision Date:	02/11/2015	UR Denial Date:	11/06/2014
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 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 knee and ankle pain reportedly associated with an industrial injury of September 27, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; TENS unit; and reported return to full-time work as of a progress note dated May 21, 2014. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for a topical Terocin compound. The claims administrator referenced an earlier Utilization Review Report of November 5, 2014, on which gabapentin was approved. An October 15, 2014 progress note was also referenced in the rationale. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant was using tramadol and topical LidoPro ointment. The applicant was working full-time at that point in time, it was stated, despite ongoing complaints of bilateral knee pain. On July 15, 2014, menthoderm, tramadol, and omeprazole were again dispensed. On August 30, 2014, the applicant was given fenoprofen, omeprazole, and topiramate and, once again, seemingly returned to full-time work. The applicant was also using a TENS unit. On September 8, 2014, a variety of medications, including the Terocin compound at issue, was prescribed, along with oral fenoprofen and Topamax. A knee sleeve and full-time work were again endorsed.

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 Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>

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: 1. No, the request for Terocin was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, Menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, one of the primary ingredients in the compound, 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 numerous other oral and topical agents, including topical salicylates such as menthoderin, adjuvant medications such as omeprazole, NSAIDs such as fenoprofen, opioids such as tramadol, etc., effectively obviate the need for the capsaicin-containing Terocin compound at issue. Therefore, the request is not medically necessary.