

Case Number:	CM14-0201997		
Date Assigned:	12/12/2014	Date of Injury:	04/21/1998
Decision Date:	01/30/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/03/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 53 year-old female with a 4/21/1998 date of injury. According to the 10/30/14 pain management report, the patient still complains of 8-10/10 low back pain. She also reports pain in both wrists and left shoulder. The patient's diagnoses include displacement of lumbar intervertebral disc without myelopathy; carpal tunnel syndrome; and continuous opioid dependence. The physician states the patient is not interested in a functional restoration program and does not want to decrease her opiate use. The pain management physician provided Terocin patches, 2-boxes. The prior medical reports from 9/29/14, 8/18/14, and 7/16/14 do not discuss Terocin. The Terocin patches appear to have first been provided on 10/30/14. The 11/17/14 letter from the physician appeals the denial for Terocin, stating that the Terocin patch is a combination of methyl salicylate, capsaicin, menthol and lidocaine. The physician notes that he finds methyl salicylate can be effective in promoting function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines - online

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topical Page(s): 111-113; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter online under Biofreeze

Decision rationale: The patient is a 53 year-old female with a 4/21/1998 date of injury. She has chronic pain from a 1998 industrial injury. She is 16 years post-injury and reports 8-10/10 pain. The physician states the patient is not interested in a functional restoration program, and does not want to taper her narcotic analgesics. The physician notes Terocin patches are a compounded topical and contains methyl salicylate and that he has found that methyl salicylate can be effective for improved function. This request is Terocin Patch #2. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics states: MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines, page 105, "Salicylate topicals" does offer support for methyl salicylate for chronic pain. MTUS guidelines did not discuss Menthol, but ODG guidelines, low back chapter online under "Biofreeze", states that the active ingredient in Biofreeze is menthol, and it is a topical cooling agent that takes the place of Ice packs. ODG guidelines states this is indicated for acute low back pain. The available medical reports document that the patient has chronic low back pain since 1998. The physician requested 2 boxes of Terocin patches which are a compound topical consisting of methyl salicylate, capsaicin, menthol and lidocaine. MTUS states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains Menthol which is indicated under ODG guidelines as a topical cooling agent that takes the place of an ice pack. ODG states this is only indicated for acute conditions. The patient's low back pain 16 years-old and is beyond the acute stage. Menthol would not be recommended for this case, therefore the whole compounded topical Terocin would not be recommended. The request Terocin patches #2 is not medically necessary.