

Case Number:	CM14-0203124		
Date Assigned:	12/15/2014	Date of Injury:	03/12/2008
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 and myofascial pain syndrome reportedly associated with an industrial injury of March 12, 2008. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve request for a topical compounded Terocin lotion. In a progress note dated October 8, 2013, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities, highly variable, 6-9/10. The applicant was using Remeron, tizanidine, and a ketoprofen containing topical compound as of this point in time. Twelve sessions of acupuncture were sought. The applicant's work status was not clearly outlined. On February 20, 2014, the applicant was described as using cyclobenzaprine and Cymbalta for ongoing complaints of low back pain. The applicant was placed off of work, on total temporary disability. On March 12, 2014, the applicant was given prescription for Zanaflex. On November 10, 2014, the applicant was using Skelaxin, Prilosec, Cymbalta, and tizanidine for ongoing complaints of low back pain. The applicant was given a lumbar corset. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Salicylate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is indicated only as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Skelaxin, Cymbalta, Tizanidine, etc., effectively obviated the need for the capsaicin-containing Terocin compound. Therefore, the request was not medically necessary.