

Case Number:	CM14-0217438		
Date Assigned:	01/07/2015	Date of Injury:	05/26/2010
Decision Date:	05/01/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 26, 2010. In a utilization review report dated December 10, 2014, the claims administrator denied a request for a topical compounded Terocin lotion dispensed on or around November 7, 2014. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant presented with ongoing neck and low back pain complaints, with radiation of pain into the upper and lower extremities. The applicant was status post recent epidural steroid injection therapy, it was acknowledged. Flexeril, Norco, Zofran, Ativan, and topical Terocin patches plus topical Terocin lotion were dispensed in the clinic. 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 120 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROCIN- methyl

salicylate, capsaicin, menthol, dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0, Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources, Label: TEROGIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

Decision rationale: No, the request for topical Terocin is not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, methyl salicylate, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicant's who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Flexeril, Lyrica, etc., effectively obviated the need for the capsaicin-containing Terocin lotion in question. Therefore, the request is not medically necessary.