

Case Number:	CM15-0010047		
Date Assigned:	01/27/2015	Date of Injury:	12/06/2007
Decision Date:	04/13/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a 55year old male, who sustained a work/ industrial injury on 12/6/07. He has reported symptoms of neck and arm pain along with headaches. The diagnoses have included cervicalgia. Medical history included prior upper extremity injury. Per treating physician's report, on 6/16/14, there was tenderness at the right cervical facet joints and trapezius, supraspinatus and infraspinatus muscles (on 11/17/14) and left elbow flexion strength of 4/5. Treatment to date has included analgesics, topical compound, home exercises. Mediation included Terocin (Methyl Salicylate, Capsaicin, Menthol, and Lidocaine) compound for topical application. On 12/25/14 Utilization Review non-certified (Retrospective) Terocin (outpatient setting), noting the Medical treatment Utilization Schedule (MTUS) Guidelines for Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin, DOS: 11/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: MTUS guidelines for compound topical analgesics (Terocin is a topical compound of Menthol, Salicylate, Capsaicin and Lidocaine) state that if one of the component medications is not recommended then the entire compound medication is not recommended. There is no documented efficacy of Menthol. Also, topical lidocaine is not recommended except in two circumstances. Lidocaine is used as a patch in which there is a transderm continued blood level provided as in Lidoderm. Lidocaine is part of EMLA - Eutectic mixture of local analgesics. However, the Lidocaine in Terocin is not recommended as effective treatment. Since neither Lidocaine nor Menthol is recommended, then Terocin is not recommended.