

Case Number:	CM15-0136259		
Date Assigned:	07/24/2015	Date of Injury:	03/19/2013
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 64-year-old who has filed a claim for chronic low back, wrist, and hand pain reportedly associated with an industrial injury of March 19, 2013. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for topical Terocin patches. The claims administrator referenced an RFA form received on June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On June 19, 2015, the applicant reported ongoing complaints of wrist pain. The applicant's medications included Motrin, Flector, Prilosec, and triamterene-hydrochlorothiazide, it was reported. Multifocal complaints of wrist, low back, and hand pain were reported at various sections of the note. The applicant was receiving psychological counseling, it was reported. Topical Terocin patches were endorsed. The applicant's permanent 5-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4-4%, quantity: 30: Upheld

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

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, Download Data, Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: No, the request for topical Terocin patches 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, the secondary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of first-line oral pharmaceuticals such as ibuprofen, per the July 19, 2015 progress note at issue, effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.