

Case Number:	CM15-0139321		
Date Assigned:	07/29/2015	Date of Injury:	06/03/2008
Decision Date:	09/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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 35-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of June 6, 2008. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for Terocin patches. The claims administrator referenced an RFA form of June 13, 2015 and an associated office visit of May 25, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 13, 2015, Terocin patches were endorsed. In an associated progress note of May 26, 2015, the applicant reported ongoing complaints of bilateral upper extremity, elbow, forearm, and shoulder pain. The applicant was given diagnosis of lateral epicondylitis, chronic pain syndrome, myalgias and myositis of various body parts. Terocin patches and work restrictions were endorsed. The applicant was asked to pursue a functional restoration program. The attending provider suggested (but did not clearly state) that the applicant's employer was unable to accommodate the suggested limitations. Massage therapy was also sought.

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 requested: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- 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, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's being intolerant to and/or having failed multiple classes of first-line oral pharmaceuticals prior to introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound in question. The May 26, 2015 progress note at issue did not furnish a clear or compelling rationale for usage of the capsaicin-containing Terocin compound in favor or what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals. Therefore, the request was not medically necessary.