

Case Number:	CM15-0161369		
Date Assigned:	08/28/2015	Date of Injury:	12/13/2011
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 42-year-old female who sustained an industrial injury on 12-13-2011, resulting from cumulative microtrauma. The injured worker was diagnosed as having cervicalgia, degenerative joint disease, and right sided radiculopathy. Treatment to date has included diagnostics, right shoulder surgery in 12-2011 and 10-2014, physical therapy, and medications. A progress report (4-16-2015) noted complaints of bilateral shoulder pain and a prescription for Terocin lotion and patches. Currently, the injured worker complains of continued pain in her cervical spine and right shoulder. Pain was not rated. Exam of the cervical spine noted mildly restricted range of motion, paraspinous tenderness, and mild loss of cervical lordosis. Her right upper extremity showed some discomfort in the trapezius area to shoulder extension. No loss of strength was noted. She was prescribed Terocin patches, Flexeril, and ibuprofen. It was also documented that she was prescribed Mobic by another physician. On 7-21-2015, Utilization Review non-certified the request for Terocin 4% patches #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% Patch #10: Upheld

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

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

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topical are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The requested Terocin is a combination of methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride into a topical lotion. Capsaicin specifically is recommended only as an option for those injured workers with osteoarthritis, fibromyalgia, and chronic non-specific back pain, who have not responded or are intolerant of conventional therapy. However, topical applications of lidocaine for neuropathic pain, other than Lidoderm, are not approved. The MTUS guidelines most importantly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Terocin 4% patches #10 is not medically necessary and appropriate.