MAXIMUS Federal Services

Case Number:	CM15-0163285		
Date Assigned:	08/31/2015	Date of Injury:	10/19/2012
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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 [redacted] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 19, 2012. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for topical Terocin patches apparently prescribed and/or dispensed on or around July 9, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated April 22, 2015, the applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired. Ongoing complaints of low back pain were reported. In a handwritten note dated July 9, 2015, difficult to follow, not entirely legible, topical Terocin patches were renewed. Ongoing complaints of low back pain were reported. The applicant was, once again, placed off of work, on total temporary disability. The applicant was also using unspecified oral medications, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Lidocaine patches (4% Lidocaine/4% Menthol) #3 boxes (DOS 07/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 28; 111. Decision based on Non-MTUS Citation DailyMed (TEROCIN) methyl salicylate, capsaicin, menthol https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid...44d0...Oct 15, 2010 - FDA Guidance's & 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 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, i.e., the secondary ingredient in the compound, is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's having proven intolerant to and/or failed multiple classes of first-line oral pharmaceuticals. Since the capsaicin component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.