

<b>Case Number:</b>	CM15-0185057		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/21/1998
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 21, 1998. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Terocin patches and Theramine, a dietary supplement. The claims administrator referenced an RFA form received on September 3, 2015 and an associated progress note of August 31, 2015 in its determination. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery. The applicant stated that his pain scores were reduced from 10/10 without medications to 6/10 with medications. The applicant was still smoking a pack per day, it was acknowledged. The applicant appeared visibly depressed. The applicant was using a cane to move about. A 15-pound lifting limitation was imposed. The applicant was using Prozac for depression. The applicant's complete medication list was not seemingly detailed. However, Hysingla, Norco, and Ativan were seemingly endorsed. The attending provider also stated that Prilosec, fenopropfen, Flexeril, Sentra, and Theramine were also being prescribed. It did not appear that the applicant was working with a permanent 15-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROGIN-methyl salicylate, capsaicin, menthol ...[dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...](http://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 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 a last-line option, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of multiple first-line oral pharmaceuticals to include Norco, tramadol, fenopfen, etc., effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.

**Theramine #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

**Decision rationale:** Similarly, the request for Theramine, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as there is no evidence of their efficacy. Here, the attending provider failed to furnish a clear or compelling rationale for selection of Theramine, a dietary supplement, in the face of the unfavorable ACOEM position on the same in the chronic pain context present here. Therefore, the request was not medically necessary.