

Case Number:	CM15-0191544		
Date Assigned:	10/05/2015	Date of Injury:	03/01/2001
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 54 year old female who sustained an industrial injury on 03-01-2001. A review of the medical records indicated that the injured worker is undergoing treatment for multiple arthralgias and carpal tunnel syndrome. According to the treating physician's progress report on 06-10-2015, the injured worker continues to experience neck and bilateral shoulder pain, left shoulder worse than right. Examination demonstrated range of motion in the neck was stiffer with restriction of bilateral lateral flexion at 70% with spasms noted. The left shoulder was restricted in forward flexion at 80 degrees and abduction at 60 degrees due to pain. Neurovascular status was unchanged. The injured worker requested a prescription for chiropractic therapy. Prior treatments have included diagnostic testing, physical therapy, chiropractic therapy home exercise program and medications. Current medications were listed as Motrin, Soma, Ambien and topical analgesics. Treatment plan consists of a steroid injection to the left shoulder, weight loss and the current request for Terocin spray 360ml. On 09-21-2015 the Utilization Review determined the request for Terocin spray 360ml was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Terocin spray 360ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation Online Edition Pain Chapter (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin spray, 360mls is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are sprain of neck. Date of injury is March 1, 2001. Request for authorization is September 14, 2015. The medical record contains 24 pages and three progress notes. The most recent progress note is dated June 10, 2015. There is no contemporaneous progress note on or about the date of request for authorization (September 14, 2015). According to the June 10, 2015 progress note, the injured worker's subjective complaints are neck, shoulder and low back pain. The injured worker wants chiropractic treatment. Objectively, range of motion of the cervical spine is decreased range of motion of the shoulder is decreased. The injured worker used Terocin patches in the past with little result. There is no contemporaneous documentation on or about the date of request for authorization and, as a result, there is no clinical discussion, indication or rationale for the Terocin spray. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form) that is not recommended is not recommended. There is no documentation of failed first-line trials of antidepressants and anticonvulsants. Consequently, Terocin spray is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Terocin spray, 360mls is not medically necessary.