

Case Number:	CM15-0201235		
Date Assigned:	10/16/2015	Date of Injury:	02/13/2013
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 13, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve requests for Terocin and Medrox. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 14, 2015, oral fenopofen, topical Terocin and topical Medrox were apparently prescribed and/or dispensed while the applicant was returned to regular duty work. Ongoing complaints of shoulder pain were evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #6 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin,

topical. Decision based on Non-MTUS Citation MEDROX - methyl salicylate, menthol and capsaicin patch dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a9343d24-8435 U.S. National Library of Medicine Methyl Salicylate 20.00% Menthol 5.00% Capsaicin 0.0375%.

Decision rationale: No, the request for topical Medrox was not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM) is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines note that topical capsaicin, i.e., the tertiary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as fenopfen, an oral NSAID, effectively obviated the need for the capsaicin-containing Medrox compound at issue. Therefore, the request was not medically necessary.

Terocin lotion #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=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: Similarly, the request for topical Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, as with the preceding request, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as oral fenopfen, an oral NSAID, effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.