

Case Number:	CM15-0203774		
Date Assigned:	10/20/2015	Date of Injury:	03/22/2013
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon,
Washington Certification(s)/Specialty: Orthopedic
Surgery

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 48 year old female, who sustained an industrial injury on 3-22-13. The injured worker reported pain in the abdomen and rib cage area. The injured worker was diagnosed as having thoracolumbar strain and sprain with a lumbar strain and new lumbar spine pathology identified at multiple levels with radiculopathy. Treatment to date has included physical therapy and medication including Ibuprofen, Tramadol, and Terocin patches. On 9-11-15 physical exam findings included thoracolumbar stiffness to palpation with muscle guarding. Radiculopathy was noted on the right lateral side with radiation to the posterior lateral side of the right leg. On 8-10-15 pain was rated as 9 of 10. The injured worker had been using Terocin patches since at least August 2015. On 9-11-15, the injured worker complained of back pain rated as 9 of 10. On 9-11-15 the treating physician requested authorization for retrospective Terocin patches #30 for the date of service 9-11-15. On 9-24-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patches #30 for DOS 9/11/15: Upheld

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

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

Decision rationale: Terocin is composed of methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." CA MTUS guidelines state that Capsaicin, topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The indications for this topical medication are as follows: "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.