

Case Number:	CM15-0204241		
Date Assigned:	10/21/2015	Date of Injury:	09/01/2009
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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 52-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of September 1, 2009. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for topical Terocin patches. The claims administrator referenced an August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 13, 2015 office visit, the applicant reported ongoing complaints of low back pain, 8/10. The applicant was given a variety of medications to include Norco, oral diclofenac, Prilosec, and the topical Terocin patches at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 30 Terocin Patches: 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): Capsaicin, topical. 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 Guidances & 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 patches was not medically necessary, medically appropriate, or indicated here. Terocin, per National Library 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, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of numerous first-line pharmaceuticals to include Norco, oral diclofenac, etc., effectively obviated the need for the capsaicin-containing Terocin patches at issue. Therefore, the request was not medically necessary.