

Case Number:	CM15-0024915		
Date Assigned:	02/17/2015	Date of Injury:	04/09/2010
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52 year old male with an industrial injury dated 04/09/2010. The mechanism of injury is documented as occurring while he was working as a remote head technician/camera operator and was filming an ambulance scene. He stood up to change a camera battery and the camera car driver "slammed on the brakes for a red light." The injured worker states he hit his head and neck against a camera pole and his right knee against another pole. The injured worker presented on 10/28/2014 complaining of constant pain in the neck radiating to the bilateral upper extremities. He also complained of pain in low back radiating to bilateral lower extremities. He denied any gastrointestinal symptoms with oral and topical medications. He describes pain level without medication is 9/10 and decrease to 4/10 with the use of medication. Topical creams and patches help decrease pain and use of oral medications and allow the patient to walk and sleep longer. Physical exam showed tenderness to palpation along the cervical spine and tenderness to palpation in the lumbar spine. Diagnoses included: Cervical radiculopathy, Cervical spine status post-surgery times, Lumbar radiculopathy. Lumbar disc protrusion. Prior treatment included neck surgery, physical therapy, knee surgery and medications. On 01/22/2015 utilization review issued a decision of non-certification for Terocin 120 ml: Capsaicin 0.025%-Methyl Salicylate 25% - Menthol 10%-Lidocaine 2.5%. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml: Capsaicin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%, apply a thin layer to affected area 3-4 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. The requested compounded cream contains methyl salicylate which, as a non steroidal anti-inflammatory agent could be indicated for limited use, but also contains menthol which is not a recommended topical analgesic. Additionally, lidocaine in formulations other than patch carries a high risk of side effects and its use is not recommended. As such, Terocin cream is not medically necessary and the original UR decision is upheld.