

Case Number:	CM15-0219727		
Date Assigned:	11/12/2015	Date of Injury:	06/24/2014
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male who sustained a work-related injury on 6-24-14. He reported pain in the neck and left shoulder with development of worsening pain in the right shoulder and numbness in the right upper extremity (4-7-15). Medical record documentation on 9-10-15 revealed the injured worker was being treated for cervical spine stenosis and cervical radiculopathy. He reported constant neck pain with radiation of pain to the bilateral upper extremities and associated numbness and tingling. He rated his pain a 4 on a 10-point scale (4 on 8-17-15 and 5 on 7-28-15). Objective findings included cervical spine range of motion with flexion to 40 degrees, extension to 40 degrees, bilateral lateral flexion to 30 degrees and bilateral rotation to 60 degrees. Previous treatment included physical therapy and left shoulder injection without benefit. His medication regimen included Terocin ointment (since at least 8-17-15), Naprosyn 500 mg and Prilosec 20 mg. An EMG-NCV on 1-5-15 is documented as revealing right C5-C6 radiculopathy (6-6-15). A request for Terocin 120 ml ointment was received on 10-16-15. On 10-26-15, the Utilization Review physician determined Terocin 120 ml ointment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml ointment: Upheld

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

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

Decision rationale: The claimant sustained a work injury in June 2014 when he was involved in a motor vehicle accident when his truck struck a cow and he lost control of the vehicle. Treatments included medications and physical therapy. In April 2015 he was having neck, shoulder, and mid back pain. Naprosyn and Prilosec were prescribed. When seen by the requesting provider, he was having ongoing radiating neck pain and low back pain rated at 4/10. Physical examination findings included an elevated blood pressure. Authorization for an internal medicine evaluation for his blood pressure was requested. Topical compounded creams and Terocin patches were prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.