

Case Number:	CM15-0036595		
Date Assigned:	03/05/2015	Date of Injury:	09/28/2011
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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 46-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 28, 2011. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve a request for topical compounded Terocin lotion. An RFA form received on January 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant reported ongoing complaints of neck pain. The applicant was using Naprosyn, Medrox, Protonix, Norco, Robaxin, and Xanax, it was acknowledged. The applicant was apparently pending further cervical spine surgery. Multiple medications were renewed, including the Terocin and Medrox. The applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion (20% Methyl Salicylata/10% Menthol/0.025% Capsaicin, 2.5% Lidocaine) apply 3 times a day 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Topical Analgesics Page(s): 72,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the request for topical Terocin, an amalgam of methyl salicylate, menthol, capsaicin, and lidocaine was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, the tertiary ingredient in the compound is not recommended except as a last line agent for applicants who have not responded to and/or are intolerant of other treatments. Here, however, there was no mention of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals to justify selection, introduction and/or ongoing usage of the capsaicin-containing Terocin lotion. The applicant's ongoing usage of Norco, Robaxin, and multiple other first line oral pharmaceuticals seemingly obviated the need for the capsaicin-containing Terocin lotion. Therefore, the request was not medically necessary.