MAXIMUS Federal Services

Case Number:	CM15-0038183		
Date Assigned:	03/06/2015	Date of Injury:	08/25/2011
Decision Date:	05/19/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker (IW) is a 59-year-old female who sustained an industrial injury on 08/25/2011. She reported lumbar strain/sprain. The injured worker was diagnosed as having sprains and strains of lumbar region; myofascial pain/myositis; sprains and strains of sacroiliac ligament; and sciatica. Treatment to date has included medications, acupuncture, physical therapy, functional restoration program, and electrical stimulation. Currently, the injured worker complains of ongoing neck and back pain that radiates and pain that radiates into the forearms, wrists and fingers and back pain down both legs. She complains of depression for which she takes Lorazepam 4 mg and Prozac 25 mg and three Tizanidine a day. The medication seems to be helping; she is more functional with medication than she is when not taking them. Other medications requested on this visit include Lorazepam (Ativan) 0.5mg, and Fluoxetine HCL 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 120ml #2,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topicals Page(s): 111-113 and 105.

Decision rationale: Terocin Lotion 120 ml #2 is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Lotion are: Methyl Salicylate 25%,Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%. Terocin contains Lidocaine, which per MTUS guidelines state is not recommended in topical form other than dermal patch for neuropathic/chronic pain. Capsaicin is contained within Terocin and per MTUS Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that patient is intolerant to other oral medications or treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate. Menthol- The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay, which has menthol in it and is medically used per MTUS for chronic pain. The patient does not meet the criteria for either Capsaicin and topical lidocaine in this case is not supported by the MTUS therefore the entire compounded product is not medically necessary. The request therefore for Terocin is not medically necessary.