

Case Number:	CM15-0052535		
Date Assigned:	03/26/2015	Date of Injury:	01/12/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 is a 24 year old female, who sustained an industrial injury on 1/12/2014. She reported slipping and falling injuring the right hand and shoulder followed by a lifting type injury with pain in the neck and low back with radiation to right lower extremity. Diagnoses include degenerative disc disease both lumbar and cervical, myofascial pain, and right shoulder tear. Treatments to date include medication therapy, activity modification, chiropractic therapy, therapeutic ultrasound and home exercise. The most recent PR-2 available for this review indicated she complained of chronic right shoulder, neck and low back pain rated 8/10 VAS and associated with radiation of pain, weakness, tingling and burning to right arm and lower extremities. On 10/14/14, the physical examination documented reduced range of motion to right shoulder and lumbar spine, diffuse tenderness to palpation to lumbar and cervical spine. The plan of care included medication therapy as previously ordered pending approval for additional acupuncture and cervical traction for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4 Percent 30 Patches/Month with No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. In addition, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Terocin patches is not medically necessary.