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| Case Number: | CM15-0057912 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 11/01/2003 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: 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 52 year old female, who sustained an industrial injury on November 1, 2003. He reported injury to the neck and left upper extremity. The injured worker was diagnosed as having cervical sprain, cervical disc bulge, shoulder/arm sprain, impingement syndrome, complex regional pain syndrome of the upper extremity, wrist sprain and disc protrusion/bulge. Treatment to date has included physical therapy and Terocin Cream. On November 21, 2014, the injured worker complained of severe neck pain radiating to both hands along with numbness and tingling to the hands and fingers. She also complained of left shoulder pain radiating down her arm to her hand. There is also left wrist pain radiating into the hand with numbness and tingling to the hand and fingers. The treatment plan included physical therapy, Terocin Cream and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Ointment 120ml QTY 2: Upheld

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

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

Decision rationale: Terocin cream 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. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin cream 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 cream is not medically necessary.