

Case Number:	CM15-0081045		
Date Assigned:	05/01/2015	Date of Injury:	01/14/2013
Decision Date:	06/03/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 40 year old male, who sustained an industrial/work injury on 1/14/13. He reported initial complaints of head, jaw, neck, and oral pain with injury. The injured worker was diagnosed as having headache, unspecified musculoskeletal disorders and neck, and back disorder, cervical neuritis and radiculopathy, thoracic spine pain, and post-concussion syndrome. Treatment to date has included medication, pain management, surgery (maxillofacial), and consultations. MRI results were reported on 2/6/13. Electromyography and nerve conduction velocity test (EMG/NCV) was performed in 10/7/14. Currently, the injured worker complains of ongoing facial pain, headaches, neck pain, right sided weakness involving the right arm, right leg, sleeping issues, lightheadedness, dizziness, shoulder pain, and low back pain. Per the primary physician's progress report (PR-2) on 2/5/15, there was possibility of a transient ischemic attack with weakness on the right side per neurology report. Examination notes slight decreased range of motion of the neck, slight decreased range of motion on both shoulders, atrophy of his left upper extremity. The requested treatments include Terocin 0.025%-25% SK.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 0.025%-25% SK #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111-112; 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin 0.025%-25% SK #240 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED) Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.