

Case Number:	CM15-0085334		
Date Assigned:	05/07/2015	Date of Injury:	05/13/2010
Decision Date:	06/18/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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 64-year-old who has filed a claim for chronic neck, wrist, and shoulder pain reportedly associated with an industrial injury of May 13, 2010. In a Utilization Review report dated April 6, 2015, the claims administrator denied several topical compounded medications apparently prescribed and/or dispensed on or around March 2, 2015. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant reported multifocal complaints of neck, upper back, lower back, wrist, forearm, and shoulder pain. Omeprazole and several topical compounded medications were endorsed, along with a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitations in place. Towards the top of the report, it was acknowledged that the applicant was using oral Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patches (month supply) Qty 1 DOS 3/2/15: 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol.

Decision rationale: No, the request for topical Terocin patches was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine, is an amalgam of capsaicin, menthol, lidocaine, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to and/or are intolerant of other treatments. Here, however, the applicant's ongoing usage of various first-line oral pharmaceuticals, including Tramadol, effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.

Retrospective request for Cyclobenzaprine 2% transdermal cream (month supply) Qty 1 DOS 3/2/15: 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): 111-113.

Decision rationale: Similarly, the request for a Cyclobenzaprine-containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine, the primary ingredient in the compound in question, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.