

Case Number:	CM15-0087196		
Date Assigned:	05/11/2015	Date of Injury:	03/01/2013
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on 3/1/13. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and Enthesopathy of hip region. Currently, the injured worker was with complaints of pain in the right hip, lower back and right groin. Previous treatments included cortisone injection, chiropractic treatments, and physical therapy. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 7-8/10. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Boxes of Terocin Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the claimant had a gastric ulcer for which oral NSAIDs were discontinued. Terocin contains a topical salicylate which can have systemic absorption similar to oral NSAIDs. As a result, the topical analgesics would not necessarily provide pain relief without side effects. In addition, it is indicated for neuropathy related to diabetes or arthritis pain. In this case, the claimant had neither. The Terocin is not medically necessary.