MAXIMUS Federal Services

Case Number:	CM15-0087559		
Date Assigned:	05/11/2015	Date of Injury:	10/15/1998
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
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: Texas, Florida, 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 injured worker is a 60-year-old male who sustained an industrial injury on 10/15/1998 while moving heavy equipment. The injured worker was diagnosed with cervical spondylosis without myelopathy. The injured worker is status post left shoulder rotator cuff repair for complete rupture (no date documented). Treatment to date includes diagnostic testing, surgery, physical therapy, home exercise program, pain management and medications. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience neck and upper extremity pain with numbness and tingling in the left upper extremity and jerking movements. The injured worker rates his pain level at 5-9/10. Examination of the neck demonstrated cervical paraspinal muscle spasm with tenderness over the left facet joint, trapezius and supraspinatus muscles with decreased flexion and extension about 50-60%. The left upper extremity noted positive Phalen's and Tinel's signs and decreased range of motion with tightness. Strength in the bilateral upper extremities is equal at 5/5 except left grip strength, which is decreased. Reflexes and sensation were intact. Current medications are listed as Norco, Flexeril, Ambien and Terocin cream. Treatment plan consists of continuing with medications, Nerve Conduction Velocity (NCV) of the left upper extremity, transfer of care and New Terocin (dispensed on 3/5/2015) topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Terocin dispensed on 03/05/2015: 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 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Terocin. In this case, there were largely subjective symptoms, with some range of motion difficulties. There were no motor strength deficits. Per the PDR, Terocin is a topical agent that contains Methyl Salicylate 25%, Capsaicin 0. 025%, Menthol 10%, Lidocaine 2.50%. The MTUS Chronic Pain section notes: Salicylate topical, Recommended. Topical salicylate (e.g. Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Topical Analgesics, Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated as being a necessity. In addition, the clinical benefit of past usage is not objective and does not meet MTUS criteria of objective functional improvement. The request is not medically necessary under MTUS criteria.