

Case Number:	CM13-0036477		
Date Assigned:	03/03/2014	Date of Injury:	12/23/2010
Decision Date:	05/22/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old female with a 12/23/10 date of injury. At the time (9/30/13) of request for authorization for Terocin/Dendracin lotion, there is documentation of subjective (pain in the thoracic spine and numbness of the left leg) and objective (positive left straight leg raise, tenderness over the thoracic spine and lumbar spine, decreased sensation on the left, decreased strength on the left, decreased left reflexes, positive left hip tenderness, and decreased range of motion over the lumbar spine) findings, current diagnoses (myofascial pain syndrome, lumbar spine strain, lumbosacral radiculopathy, thoracic strain, and left hip pain), and treatment to date (physical therapy, chiropractic activity modification, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN/DENDRACIN LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Terocin contains ingredients that include Lidocaine and Menthol. Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, lumbar spine strain, lumbosacral radiculopathy, thoracic strain, and left hip pain. However, Terocin contains at least one drug (lidocaine) that is not recommended. In addition, Dendracin contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin/Dendracin lotion is not medically necessary.