

Case Number:	CM14-0116467		
Date Assigned:	08/06/2014	Date of Injury:	06/27/2013
Decision Date:	10/14/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 Texas. 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:

This injured worker is a 46 year old woman. She was involved in a work related injury. She had a slip and fall accident which led to multiple musculoskeletal complaints. She was seen in 4/14 with ongoing neck pain, which radiated into the shoulders and occasionally into the upper extremities. The injured worker also had pain in the lumbar spine and left ankle. The injured worker was seen by pain management on 4/25/14. She had been prescribed Anaprox and tramadol. Apparently, at some point, she was given Terocin topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patch (duration and frequency unknown) dispensed on 5/29/14:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation

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

Decision rationale: Terocin is a topical analgesic that contains 25% Methyl Salicylate, 10% Menthol, Lidocaine 2.5% and 0.0375% Capsaicin. According to the package insert it is indicated to "Temporarily relieve mild aches and pains of muscles or joints." It is not intended

for chronic pain situations. The CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The utility of topical menthol is not established either. The California MTUS does recommend Methyl Salicylate, stating, "Topical salicylate (e.g., BenGay, methyl salicylate) is significantly better than placebo in chronic pain." The ODG continues regarding Methyl Salicylate to state, "This review found evidence that was limited by the quality, validity, and size of the available studies." Therefore, since the Terocin was being used for chronic pain, and multiple components in this product are not supported, by the foregoing guidelines, the request for Terocin is not certified as medically necessary.