

Case Number:	CM14-0129086		
Date Assigned:	08/20/2014	Date of Injury:	08/30/2013
Decision Date:	10/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/13/2014

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 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:

This patient is a 52 y/o male who has developed widespread myofascial pain subsequent to an injury dated 8/30/31. He has cervical, lumbar, left shoulder, bilateral knee pain and bilateral foot pain. He has been treated with physical therapy and oral analgesics. He is utilizing Tylenol #3, Relafen, Cyclobenzaprine and new Terocin Topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug; generic, New Terocin; dispensed on 4/15/2014, (duration and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 121-137.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Medications.

Decision rationale: ODG Guidelines do not recommend compounded medications that consist of over the counter medications. New Terocin is a blend of all over the counter products, consisting of 25% Menthyl Salicylate/0.25% Capsaicin/10% Menthol. New Terocin is not guideline supported as a compounded medication, and is therefore not medically necessary.

