

Case Number:	CM14-0137853		
Date Assigned:	09/05/2014	Date of Injury:	10/06/2007
Decision Date:	10/28/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation & Pain 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:

The injured worker is a 54-year-old male with a reported date of injury on 10/06/2007. The mechanism of injury was not listed in the records. The injured worker's diagnoses included cervical and thoracic sprain/strain. The injured worker's past treatments included pain medication and physical therapy. There was no relevant diagnostic testing provided for review. There is no relevant surgical history documented in the notes. The subjective complaints on 06/05/2013 included continued neck and right shoulder pain. There is also complaint of pain to the lumbar spine radiating to the bilateral lower extremities. The physical examination noted tenderness to the right shoulder and AC joint line. It should be noted that the note was handwritten and difficult to decipher. The injured worker's medications were not included in the notes. The treatment plan was to continue medications, order an MRI, and continue with physical therapy. A request was received for Terocin lotion (unspecified dosage and quantity). The rationale for the request was to decrease pain. The Request for Authorization form was not provided with the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion (Unspecified Dosage and Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Terocin Lotion (Unspecified Dosage and Quantity) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion contains Lidocaine 2.50%, Capsaicin 0.025%, Menthol 10% and methyl salicylate 25%. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. In regard to capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In regard to Methyl salicylate is significantly better than placebo in chronic pain when used as mono therapy. There is no rationale provided why Methyl salicylate is to be compounded. For the reasons listed above the request is not supported by the guidelines. As such, the request is not medically necessary.