

Case Number:	CM14-0142814		
Date Assigned:	09/10/2014	Date of Injury:	03/08/1995
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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 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 is a 56-year-old female with a date of injury of 3/08/95. Mechanism of injury is not disclosed, however, the patient does have a history significant for prior anterior and posterior C4-7 fusion with subsequent anterior and posterior hardware removal. She recently returned in follow-up in March of 2014 with reports of more frequent flare-ups, and TFESI was done on 3/28/14. She returned in August of 2014 with complaints of a "knot at the base of her skull", which feels separate from prior symptoms. She had tender points at the base of the left occiput and was diagnosed with occipital tendinitis. She was prescribed Voltaren Gel, Terocin Lotion, Norco and Soma. This was submitted to Utilization Review with an adverse decision rendered on 8/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: The CA MTUS notes that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. The compounded topical in this case contains Capsaicin, Lidocaine, Menthol and Methyl Salicylate. Lidocaine is not guideline supported in topical form except when prescribed as Lidoderm. Finally, I do not see any clear documentation that suggests that the requesting physician has clear knowledge of why each specific agent is being combined or what specific goal would be achieved by compounding these specific ingredients together. Medical necessity for 1 bottle of Terocin lotion is not established.