

Case Number:	CM14-0215581		
Date Assigned:	01/05/2015	Date of Injury:	03/25/2013
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 25, 2013. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve requests for Terocin patches and Medrox cream. Menthoderm cream was also apparently denied. The claims administrator noted that the applicant had ongoing complaints of low back and wrist pain. The claims administrator referenced RFA forms of December 1, 2014 and December 5, 2014 in its determination. The applicants attorney subsequently appealed. In a May 19, 2014 progress note, the applicant reported persistent complaints of low back, neck, and rib pain, highly variable, 8/10. The applicant was using Naprosyn and Protonix, it was acknowledged. Cognitive behavioral therapy, a TENS unit replacement patch, and a functional restoration program were endorsed. The applicant was asked to continue acupuncture and/or SI joint injections. The applicants work status was not clearly outlined, although it did not appear that the applicant was working. On December 5, 2014, the attending provider sought authorization for and/or appealed previously denied Terocin lotion. Persistent complaints of low back pain were noted. The attending provider stated that the applicant had stopped Naprosyn owing to an alleged GI bleed. The attending provider stated that the applicant was able to perform unspecified activities of daily living as a result of ongoing Terocin usage. In a December 24, 2014 prescription form, the applicant seemingly received prescriptions for Effexor and Protonix. Permanent work restrictions were endorsed, although it did not appear that the applicant was working. In an associated progress note of December 24, 2014, the attending provider suggested that the

applicant continue Effexor and Protonix. Persistent complaints of low back, hip, back, and hand pain were evident. The applicants stated diagnoses included sacroiliac joint dysfunction, neck pain, hip bursitis, hip labral tear, low back pain, wrist pain, shoulder pain, depression, and weight gain. In a November 21, 2014 progress note, the applicant reported persistent complaints of 9/10 low back pain radiating to the legs. Ancillary complaints of back and hip pain were noted. The applicant was using Effexor, Terocin, and Protonix, it was noted. The applicant was having difficulty performing activities as basic as standing, walking, and getting in and out of a car, the attending provider noted. Multiple medications were renewed. Lumbar MRI imaging was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 1. The request for Terocin cream was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and Menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is indicated only as a last-line agent, in applicants who have not responded to and/or are intolerant of other treatments. Here, however, the applicant's ongoing usage of Effexor, a first-line oral antidepressant adjuvant medication, effectively obviated the need for the capsaicin-containing Terocin cream at issue. Therefore, the request was not medically necessary.

Medrox patch (unspecified amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation 2. DailyMed - MEDROX-RX - methyl salicylate, menthol and. dailymed.nlm.nih.gov/dailymed/drugInfo.cfm-setid=d9475b6c-edd1... Jan 3, 2012 - FDA Guidances & Info; NLM SPL Resources. Download ... Label: MEDROX-RX - methyl salicylate, menthol and capsaicin ointment. Label RSS ...

Decision rationale: 2. The request for Medrox patches was likewise not medically necessary, medically appropriate, or indicated here. Medrox, like Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, Menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin should be employed only as a last-line agent, for applicants who have not responded to and/or are intolerant of other treatments, here, however, the applicants ongoing usage of Effexor, a first-line

antidepressant adjuvant medication, effectively obviated the need for the capsaicin-containing Medrox agent at issue. Therefore, the request was not medically necessary.

Terocin patch (unspecified amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 3. The request for topical Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, the attending provider did not outline a clear or compelling basis for concurrent provision of two separate Terocin agents, a patch and a cream. Therefore, the request was not medically necessary.

Menthoderm (unspecified amount and strength): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for topical Menthoderm, a salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates such as Menthoderm are recommended in the chronic pain context present. Here, the attending provider, furthermore, posited that the applicant had developed issues with dyspepsia and/or alleged GI bleeding preventing provision of first-line oral NSAIDs such as Naprosyn. Introduction and/or selection of topical Menthoderm, a salicylate topical compound, thus, was indicated in the clinical context present here. Therefore, the request was medically necessary.