

Case Number:	CM15-0104545		
Date Assigned:	06/08/2015	Date of Injury:	05/02/2006
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on 5/2/06. She has reported initial complaints of onset of pain in the both hands, neck, left shoulder, low back, both legs, and left knee as well as asthma, anxiety and depression due to repetitive work and stressful environment. The diagnoses have included cervical disc displacement, lumbar disc displacement and carpal tunnel syndrome, anxiety and depression. Treatment to date has included medications, activity modifications, off work, psychiatric, conservative care, physical therapy and other modalities. Currently, as per the physician progress note dated 4/22/15, the injured worker complains of constant neck pain rated 7-9/10 on pain scale. She also complains of frequent headaches, clicking in the neck, constant left shoulder pain rated 7-8/10 on pain scale with numbness and tingling to the bilateral hands. She reports constant low back pain rated 7-8/10 on pain scale that radiates to the bilateral legs with numbness and tingling. She reports troubles with sleeping due to the pain. The physical exam reveals guarded gait, spasms and tenderness in the left trapezius and cervical spine, and limited range of motion of the cervical spine and left shoulder. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Dexilant, Norco and Flector patches. There is no previous report of a urine drug screen noted. The injured worker is to remain off work until 6/5/15. The physician requested included Terocin patches #30 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed other oral meds. The Terocin patches #30 is not medically necessary and appropriate.