

Case Number:	CM15-0126744		
Date Assigned:	07/13/2015	Date of Injury:	10/08/2010
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 54 year old female, who sustained an industrial injury on October 8, 2010. The injured worker was diagnosed as having cervical instability, cervical and lumbar intervertebral disc disorder, cervical radiculopathy, lumbosacral radiculitis and right shoulder impingement. Treatment to date has included magnetic resonance imaging (MRI), epidural steroid injection and topical and oral medication. A progress note dated August 21, 2012 provides the injured worker complains of headaches, neck pain and shoulder pain with radiation down the right arm, elbow and wrist. She also has low back pain radiating to the calves. Physical exam notes cervical painful decreased range of motion (ROM). There is painful decreased lumbar range of motion (ROM) with positive straight leg raise on the right. There is a request for Terocin, Ketoprofen and Tramadol ordered November 19, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 2.5%-25% 240gm # 1 per 11/19/12 order: 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 Page(s): 111.

Decision rationale: Terocin patch contains Methyl Salicylate 25g In 100ml, Capsaicin 0.025g In 100ml, Menthol 10g In 100ml, Lidocaine Hydrochloride 2.5g in 100mL. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. In addition, there is no clear documentation of failure of first line oral medications in this case. Based on the above Terocin 2.5%-25% 240gm # 1 is not medically necessary.

Ketoprofen 100% 180gm #1 per 11/19/12 order: 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Ketoprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Ketoprofen 100% 180g #1 is not medically necessary.

Tramadol HCL 100% 160gm #1 per 11/19/12 order: 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol topical analgesic is recommended as topical analgesics for chronic pain management. Based on the above Tramadol HCL 100% 160gm #1 is not medically necessary.