

Case Number:	CM15-0128960		
Date Assigned:	07/15/2015	Date of Injury:	10/01/2012
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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 56 year old female, who sustained an industrial injury on October 1, 2012. She reported neck, back and arm pain. Treatment to date has included Functional Restoration Program, medication, electrodiagnostic study, surgery, physical therapy, wrist splints and MRI. Currently, the injured worker complains of neck, arm, back, leg and wrist pain and is rated at 4 on 10. The pain interferes with her sleep. There is also numbness and tingling in her hands accompanied with weakness. The pain is exacerbated by walking, sitting, standing, bending and lifting. The injured worker is diagnosed with recurrence of bilateral carpal tunnel syndrome, post bilateral carpal tunnel releases, bilateral medial and lateral epicondylitis, myofascial pain syndrome and moderate reactive depression. She is able to work with modifications. A note dated 5/26/15 states cervical and interscapular pain with range of motion is noted. The note also states that stretching and resistance of the wrist and finger flexors and extensors caused elbow pain. A request for the following medications, Terocin patches (4% menthol, 4% lidocaine) #2 boxes and Terocin lotion 20% Methyl Salicylate, 10% Menthol, 0.0255 Capsaicin, 2.5% Lidocaine #2 bottles is to help combat her wrist and elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches (4% menthol, 4% lidocaine) Qty: 2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

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

Decision rationale: Terocin patch is formed by the combination of methyl salicylate, capsaicin, and menthol. 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. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.

Terocin lotion 20%Methyl Salicylate, 10% Menthol, 0.025% Capsaicin, 2.5% Lidocaine Qty: 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fddruginfo.cfm?archiveid=41055>.

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. 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 lotion contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Terocin lotion is not medically necessary.