

Case Number:	CM15-0170604		
Date Assigned:	09/18/2015	Date of Injury:	12/18/2013
Decision Date:	10/20/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/31/2015

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 51-year-old male who sustained an industrial injury on December 18, 2013. A recent primary treating visit dated July 22, 2015 reported subjective complaint of "range of motion since last visit has remained unchanged." "The strength is unchanged since last visit." Physical therapy "helped improve symptoms for the patient." A primary treating office visit dated February 10, 2015 reported chief subjective complaint of headaches, neck, left shoulder, left elbow, and left wrist pain. The worker denies taking any medications at that time. The following diagnoses were applied at this visit: cervical radiculopathy; concussion; left clavicle fracture; left elbow fracture; left wrist fracture; left shoulder tendinitis; left ulnar injury; left medial epicondylitis; left rib fracture; rule out scaphoid fracture, and rule out TFCC tear. The plan of care noted with recommendation of continuing with physical therapy session treating the neck, left shoulder, left elbow, and left wrist. The following medications were prescribed this visit: Mentherm, Norflex, Anaprox, and Prilosec. There is recommendation for the following consultations: chiropractic, orthopedic and neurologic. Primary follow up dated March 03, 2015 reported, "Nothing documented under subjective complaints." The following medications were prescribed this visit: Terocin patches 4%, and compound cream containing: Flurbiprofen, Gabapentin, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: compound cream FCG 15%, 4%, 10%, 180 grams DOS: 3/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Retro: compound cream FCG 15%, 4%, 10%, 180 grams DOS: 3/26/15 is not medically necessary and appropriate.

Retro: Terocin patch #30 DOS: 3/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin that was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia 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 oral meds. The Retro: Terocin patch #30 DOS: 3/26/15 is not medically necessary and appropriate.