MAXIMUS Federal Services

Case Number:	CM15-0174041		
Date Assigned:	09/15/2015	Date of Injury:	11/07/2007
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, 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 neck pain reportedly associated with industrial injury of November 7, 2007. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for topical Terocin patches. The claims administrator referenced an August 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, ibuprofen and lidocaine gel were endorsed while the applicant was placed off of work, on total temporary disability, owing to ongoing complains of shoulder pain status post prior failed shoulder surgery. The applicant was in the process of considering further shoulder surgery, it was acknowledged. On August 7, 2015, topical Terocin patches and lidocaine gel were endorsed owing to ongoing complaints of neck and shoulder pain, 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROCIN- methyl salicylate, capsaicin, menthol dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0 Oct 15, 2010 - FDA Guidance's & Info; NLM SPL Resources. Download Data Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: No, the request for topical Terocin was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines note that topical capsaicin, i.e., the secondary ingredient in the compound in question is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first line oral pharmaceuticals such as ibuprofen effectively obviate the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.