

Case Number:	CM15-0177413		
Date Assigned:	09/18/2015	Date of Injury:	11/22/2011
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on November 22, 2011. Medical records indicate that the injured worker is undergoing treatment for a cervical sprain-strain, cervical disc protrusion, right shoulder partial rotator cuff tear with tendinosis, lumbar disc protrusion, lumbar radiculopathy and right hip osteoarthritis. The current work status was not identified. Most current documentation dated April 22, 2015 notes that the injured worker reported constant neck pain radiating to the upper extremities and constant low back pain radiating to the bilateral lower extremities with associated numbness and tingling. The neck pain was rated 7 out of 10 and the low back pain was rated 9 out of 10 on the visual analogue scale. Examination of the cervical spine and lumbar spine revealed a decreased range of motion. Treatment and evaluation to date has included medications, electrodiagnostic studies (2012), MRI of the cervical spine (1-28-15), urine drug screen, acupuncture treatments, home exercise program and physical therapy. Current medications include Ibuprofen, Cyclobenzaprine, and Norco, Terocin patch, Terocin lotion, Genicin, Somnicin and compound topical analgesics. Current requested treatments include Terocin lotion 240 ml. The Utilization Review documentation dated August 27, 2015 non-certified the request for Terocin lotion 240 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment.

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

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for radiating neck and radiating low back pain. Extensive acupuncture and recent physical therapy treatments are documented. When seen, there was decreased cervical spine and lumbar spine range of motion. Oral medications included ibuprofen, Norco, and cyclobenzaprine. Topical medications including Terocin lotion were prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI antidepressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.