

Case Number:	CM15-0179892		
Date Assigned:	09/21/2015	Date of Injury:	04/16/2014
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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 male, who sustained an industrial injury on 4-16-2014. The injured worker was diagnosed brachial neuritis, thoracic spondylosis with intermittent severe spasm, right lateral epicondylitis, chronic bilateral wrist strain, likely cervical spondylosis and likely lumbar spondylosis. The request for authorization is for Terocin patch #30. The UR dated 8-28-2015: non-certified the request for Terocin patches #30. On 4-17-2015, he reported back and right elbow pain rated 7 out of 10. He indicated he attained relief with the use of topical Terocin. On 7-16-2015, he reported low back and right elbow pain. There is notation regarding neck and wrist pain and it not being clear if these body parts are covered under this particular claim. He rated his pain 3-4 out of 10 and indicated utilizing topical Terocin. Physical examination revealed a normal gait, negative bilateral straight leg raise testing, and normal sensation in bilateral lower extremities. He is noted to be retired. The medical records do not discuss pain level with and without the use of Terocin, or his current functional status. The treatment and diagnostic testing to date has included: chiropractic sessions, ice, heat, and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: 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 claimant sustained a cumulative trauma work injury with date of injury in April 2014 while working as a police officer and is being treated for low back and right elbow pain. In July 2015, topical Terocin was being used and patches were provided. A normal physical examination was recorded. Chiropractic treatments were requested. Recommendations also included continuation of medications and home exercise. 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 anti-depressant 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.