

Case Number:	CM15-0064905		
Date Assigned:	04/13/2015	Date of Injury:	06/02/2003
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 61 year old female, who sustained an industrial injury on June 2, 2003. She reported a left arm injury. The injured worker was diagnosed as having lumbago, backache not otherwise specified, pain in joint of shoulder, limb pain, left shoulder sprain, diffuse vertebral column and shoulder girdle disease bilaterally, and painful right shoulder likely impingement - rotator cuff tear. Treatment to date has included MRIs and medications including topical non-steroidal anti-inflammatory, oral non-steroidal anti-inflammatory, topical pain, muscle relaxant, and opioid. On March 2, 2015, the injured worker complains of low back pain with paraesthesias radiating to the right leg and neck pain. She complains of upper back pain radiating across the shoulder with associated numbness and tingling. In addition, she complains of left shoulder pain. She is uncomfortable sleeping in any position due to pain. She has been unable to fill her medications. Her general appearance included extremely slow movements, frequently shifting of posture or position, moving in guarded or protective fashion, holding or supporting affected body part or area and, and limping or distorted gait. The physical exam revealed a normal gait, normal sitting and standing posture, normal transitions from sit to stand, and normal mobility for sit to stand transitions and for bed mobility. She is not working. The treatment plan includes discontinuing her topical non-steroidal anti-inflammatory, oral non-steroidal anti-inflammatory, topical pain, and opioid medications, and starting Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for Pain Interventions and Guidelines UpToDate: Camphor and menthol: Drug information.

Decision rationale: Terocin is a topical multidrug compound, which contains methylsalicylate, Lidocaine, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be authorized and is not medically necessary.