

Case Number:	CM15-0072062		
Date Assigned:	04/22/2015	Date of Injury:	12/30/2013
Decision Date:	05/20/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/15/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 63-year-old female, who sustained an industrial injury on 12/30/2013. The current diagnoses are C4-5, C5-6, and C6-7 degenerative disc disease with central and foraminal narrowing, bilateral C5 radicular pain, trapezius myofascial pain, multi-level T7-T12 thoracic degenerative disc disease, and status post right shoulder arthroscopy (9/15/2014). According to the progress report dated 3/12/2015, the injured worker notes 100% increase in her neck pain, thoracic spine pain, and bilateral leg pain, particularly with walking. When she lies down, she has numbness in her feet. The pain is rated 6/10 on a subjective pain scale. The current medication list was not available for review. Treatment to date has included medication management, MRI studies, and physical therapy. The plan of care includes Terocin lotion and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 20% Methyl Salicylate, 10% Menthol, 0.025% Capsaicin, 2.5% Lidocaine, 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non-steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Terocin cream is not medically necessary and the original UR decision is upheld.

Medrox patches 20% Methyl Salicylate, 5% Menthol, 0.0375% Capsaicin, 2 boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Medrox patches contain methyl salicylate, menthol and capsaicin. Methyl salicylate is a non-steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. As such, Medrox patches are not medically necessary and the original UR decision is upheld.