

Case Number:	CM15-0077615		
Date Assigned:	04/29/2015	Date of Injury:	10/28/2008
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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 39-year-old who has filed a claim for chronic neck pain reportedly associated with an October 28, 2008. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for a topical compounded Terocin lotion. The claims administrator referenced a RFA form received on April 14, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 13, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical discectomy and fusion surgery. Driving and twisting motions remain problematic, it was reported. It was suggested (but not clearly) that the applicant was working. A Medrol Dosepak, oral Voltaren, and a topical compounded Terocin cream were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 120mg, quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl

salicylate, capsaicin, menthol

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d9f3c4b8-7afb-4c47-911d-a1f7a1653ab3> Oct 1, 2010 - FDA Guidances & Information; NLM SPL Resources ... Capsaicin 0.025%. TEROGIN methyl salicylate, capsaicin, menthol and lidocaine.

Decision rationale: No, the request for topical Terocin lotion 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 notes that topical capsaicin is not recommended except as a last line agent for applicants who have responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including oral Voltaren, and a Medrol Dosepak, effectively obviated the need for the capsaicin-containing Terocin lotion in question. Therefore, the request was not medically necessary.