

Case Number:	CM13-0019404		
Date Assigned:	12/04/2013	Date of Injury:	10/11/2004
Decision Date:	01/09/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male who reported a work-related injury on 10/11/2004 as the result of a fall. Subsequently, the patient is being treated for the following diagnoses: lumbar spondylosis without myelopathy, lumbar facet joint pain, post-laminectomy syndrome of the lumbar spine, status post right total hip replacement, and associated depression and sleep disorder. The clinical note dated 07/29/2013 describes an initial primary treating physician's physical medicine and rehabilitation pain management consultation of the patient. The provider, [REDACTED] documents the patient's course of treatment since status post his work-related injury. The provider documented the patient underwent a bilateral laminotomy, facetectomy, and foraminotomy as of 08/11/2005, total hip arthroplasty date not stated, and nasal surgery date not stated. The provider documented the patient's current medication regimen included baclofen, etodolac, Tylenol No. 4, and ibuprofen. The provider documented upon physical exam of the patient he ambulated with a normal gait. There was tenderness to palpation of the paravertebral muscles bilaterally in the midline region. The provider documented sensory exam was intact to the bilateral lower extremities. Range of motion of the lumbar spine was noted at 80 degrees of flexion, 10 degrees extension, and bilateral lateral bending at 20 degrees. Subsequent to the provider's physical exam findings, he recommended the patient utilize a short course of physical therapy, importance of home exercise, and continuation of his current medication regimen in addition to a topical analgesic/anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The current request is not supported. A review of the clinical documentation submitted for the patient who sustained a work-related injury over 9 years ago documents the patient has utilized baclofen, etodolac, Tylenol No. 4, and ibuprofen chronic in nature. In addition, the clinical notes had documented the patient had utilized Voltaren gel for his pain complaints. California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, for the current request, Terocin lotion is a compounded product, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended per treatment Guidelines. The request for Terocin lotion is not medically necessary and appropriate.