MAXIMUS Federal Services

Case Number:	CM13-0020743		
Date Assigned:	11/08/2013	Date of Injury:	07/13/2000
Decision Date:	11/18/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/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 58 year old male who sustained a work related injury on 07/13/2000 as result of unknown mechanism of injury. During the course of his care, he's undergone both an posterior and anterior approach lumbar fusion. This is apparently 2 of 25 total surgeries the patient has undergone since 2000.On the most recent PR-2 he's complained of neck, bilateral shoulder and uper extremity (including hands) pain, thoracic spine, lower back, lower extremities and bilateral foot pain. His pain is constant 9/10. Physical examination identifies a decreased cervical range of motion with appreciable crepitus. The cervcial paravertebral musculature is tight. Spurling's manuever produces no pain in the neck or radicular symptoms in the arm. The lumbar region reveals a loss of normal lordosis with range of motion restriction in all planes of motion. Lumbar facet loadign is negative bilaterlly. Neurologically, motor is intact bilaterl lower extremties. Sensory exam identifies a decreasd light touch senstation over the medial foot and 1st great toe on the right and at the medial calf on the left. Reflexes of the upper extremities are 2/4 at the biceps and triceps, were has it is at the brachioradialis, bilaterally. In the lower extremities, his reflexes are a 2/4 at the patella and at the Achilles tendons, bilaterally. His current treatment regiment includes Neurotin, Relafen, Norco, Flexeril and Teracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: TEROCIN TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112.

Decision rationale: Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have a documented failure of antidepressant treatment trial and MTUS guideline not recommending use of topical creams because of lack of peer reviewed literature. The request is not medically necessary and appropriate.