

<b>Case Number:</b>	CM13-0023923		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Physical Medicine and Rehabilitation and Sports Medicine and is licensed to practice in Texas and New York. 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 43-year-old male who reported a work-related injury on 10/04/2012 as result of strain to the lumbar spine. The patient presents for treatment of the following diagnoses: musculoligamentous sprain/strain of the lumbosacral spine. The patient's current medication regimen includes naproxen, Fexmid, and Ultram. The clinical note dated 07/31/2013 reported the patient presents with complaints of pain at 6/10 to 7/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120 ml x 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to support the patient's current medication regimen as the clinical notes do not address the patient's report of efficacy as noted by decrease in rate of pain on a VAS and increase in objective functionality. California MTUS indicates topical analgesics are largely experimental

in use with few randomized controlled trials to determine efficacy or safety. Given all of the above, the request for Terocin 120 mL x2 is not medically necessary or appropriate.

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to support the patient's current medication regimen as the clinical notes do not address the patient's report of efficacy as noted by decrease in rate of pain on a VAS and increase in objective functionality. California MTUS indicates Fexmid is recommended as an option utilizing a short course of therapy. Given the patient presents status post his work-related injury of over a year and a half, it is unclear how long the patient has been utilizing this medication and the clear efficacy of treatment. Given all of the above, the request for Fexmid 7.5 mg #60 is not medically necessary or appropriate.