

Case Number:	CM13-0030396		
Date Assigned:	11/27/2013	Date of Injury:	11/10/2012
Decision Date:	01/09/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 44-year-old female who reported an injury on 11/10/2012. The patient is currently diagnosed with cervical spine herniated nucleus pulposus with radiculopathy, lumbar spine herniated nucleus pulposus, sciatica, and right wrist pain. The patient was recently seen by [REDACTED] on 10/23/2013 with reports of 6/10 neck pain, 7/10 lower back pain, and 7/10 right wrist pain. Physical examination revealed positive straight leg raising, positive compression testing, positive Phalen's testing on the right, restricted range of motion, and 3+ tenderness to palpation. Treatment recommendations included 6 sessions of chiropractic treatment for the spine, 8 sessions of physical therapy for the wrist, and a spine orthopedic consultation with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications include osteoarthritis, fibromyalgia, and chronic nonspecific back pain. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis or fibromyalgia. There is also no evidence of a failure to respond to first line treatment with oral medication prior to the initiation of a topical analgesic. MTUS Chronic Pain Guidelines further state any compounded product that contains at least 1 drug that is not recommended is therefore not recommended as a whole. The request for Terocin 120ml is not medically necessary and appropriate.