

Case Number:	CM13-0033257		
Date Assigned:	12/06/2013	Date of Injury:	01/23/2012
Decision Date:	02/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in Oklahoma and Texas. 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 47-year-old female who reported a work related injury on 01/23/2012 as a result of a fall. The patient was seen for treatment of the following diagnoses: patellofemoral pain on the right, discogenic cervical condition with facet inflammation and headaches, discogenic lumbar condition with facet inflammation without radicular symptoms, left hip sprain/strain, left shoulder impingement, elbow sprain/strain, left wrist sprain/strain, left thumb sprain/strain, an element of depression, stress, and anxiety. Clinical notes dated 10/11/2013 report the patient was seen under the care of [REDACTED]. The provider documents the patient upon physical exam 180 degrees of extension and 120 degrees of flexion along the knee with some decreased motion. 1+ anterior drawer testing as well as Lachman test and McMurray's testing was medially negative. Tenderness along the inner patella and outer patella was noted with positive compression test. Reflexes were satisfactory along the lower extremity. The provider documented the patient was recommended to continue utilization of Protonix, Tramadol ER, Terocin patches, Flexeril, and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

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 evidence support for the patient to continue utilization of this topical analgesic for her multiple chronic pain complaints. The provider fails to document objective functional improvements as noted by a decrease in rate of pain on a VAS scale or increase in objective functionality as a result of the patient utilizing Terocin patches. In addition, California MTUS indicates there is little to no research to support the use of many of these agents, any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Given all the above, the request for Terocin patches #20 is not medically necessary nor appropriate.