

<b>Case Number:</b>	CM13-0048445		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Occupational 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 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:

This female patient is 46 year old, with a DOI 10/08/2011. Subsequent to a slip and fall she developed chronic low back pain with a radicular component. She reports pain on a VAS scale of 6-8/10. She has completed 5 sessions of physical therapy and has been offered surgery which was declined. She currently can walk up to 4 blocks, but the pain interferes with the ability to perform house chores. She exercises 15 minutes 2-3X's/week. She was recently placed on Ultram ER 150mg q.d., Naprosyn 550mg. BID, Prilosec and Terocin patches. An evaluation for a functional capacity evaluation was requested. No plans for a return to work are discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Terocin patches is a compounded blend of menthol plus lidocaine (600mg). MTUS Chronic Pain Guideines specifically do not support the use of any topical lidocaine other than what is specifically approved by the FDA i.e. Durgesic Patches. The Guidelines

specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary.

**MULTIDISCIPLINARY EVALUATION:** 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): 30, 31.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the requesting physician does not provide enough information to consider the evaluation medically necessary. There is no documentation of which specific chronic pain program the evaluation is for. Guidelines are very clear that only programs with proven success should be considered. Before approval of the evaluation, evidence of success with worker's compensation patients should be provided for the particular program in mind. Guidelines also state the all other options should be exhausted. Suboptimal physical therapy has been provided and it is documented that the patient does some exercising on her own. It is not clearly documented why additional physical therapy would not be trialed to maximize her functional abilities with further guidance/instruction in a home exercise program. The request is not medically necessary and appropriate.