

Case Number:	CM13-0053127		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2004
Decision Date:	05/15/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 12/31/2004. The patient's treating diagnosis is cervical disc displacement. This review is regarding a request for Terocin Pain Relief Lotion between 07/25/2013 and 12/22/2013. A followup note from the treating physician of 07/25/2013 notes the diagnosis of cervical radiculopathy with multilevel disc herniations and facet arthropathy as well as bilateral cubital tunnel syndrome and also status post right shoulder surgery, chronic low back pain, and medication-induced gastritis. The treating physician recommended Terocin and Medrox Patches for pain relief in addition to an epidural injection and a home exercise program. An initial physician review recommended non-certification of this request since the medical records did not contain a rationale for the component ingredients as per the treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TEROGIN PAIN RELIEF LOTION #1: 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.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of topical analgesics only if the specific component ingredients are discussed in the medical records with the proposed mechanism of action. The records at this time do not contain such details regarding the rationale for Terocin. Moreover, the same guideline recommends lidocaine only for localized neuropathic pain, which is not an apparent diagnosis at this time. Overall, the medical records and guidelines do not support a rationale or indication for the requested Terocin at this time. This request is not medically necessary.