

Case Number:	CM13-0053755		
Date Assigned:	12/30/2013	Date of Injury:	09/03/1973
Decision Date:	04/30/2014	UR Denial Date:	11/10/2013
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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 62-year-old male who reported an injury on 09/03/1973. The mechanism of injury was not stated. The patient is currently diagnosed as status post cervical reconstruction with hybrid construct, status post right carpal tunnel release, status post left carpal tunnel release, double crush syndrome, lumbar discopathy, status post right knee surgery, and internal derangement of bilateral knees. The patient was recently seen by [REDACTED] on 10/10/2013. The patient reported ongoing lower back pain, as well as right knee pain. Physical examination on that date revealed tenderness to palpation of the cervical spine, bilateral upper extremities, lumbar spine, and bilateral knees. The patient also demonstrated paravertebral muscle spasm, positive Cozen's and Tinel's testing at bilateral elbows, tenderness at the right fifth A1 pulley with triggering, a palpable nodule in the flexor tendon sheath of the right small finger with triggering, positive straight leg raising, dysesthesia at the L5-S1 dermatome, and positive McMurray's and patellar compression testing. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) TEROGIN PATCHES: 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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first-line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Despite ongoing use of this medication, the patient continues to report persistent symptoms. Based on the clinical information received and the California MTUS Guidelines, the request for ten (10) Terocin patches is not medically necessary and appropriate.