

Case Number:	CM13-0054671		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2012
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesia, has a subspecialty in Acupuncture & 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 37 year old female injured worker with date of injury 1/23/12. A 10/10/13 progress report indicates persistent low back and right hip pain that radiates down to her right leg. Objective findings include tenderness to palpation of the lumbar spine extending into the right greater than left paraspinal region, decreased sensation left C6 dermatome, and decreased sensation of the right L4 through S1 dermatomes. Treatment to date has included acupuncture, massage therapy, trigger point therapy, muscle stimulation, and medication. The date of UR decision was 10/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch box (10 patches): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics , Boswellia Serrata Resin Page(s): 111-113, 25.

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. According to the MTUS Chronic Pain Guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "

Regarding topical lidocaine, MTUS Chronic Pain Guidelines state "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo." Additionally, the MTUS Chronic Pain Guidelines indicate that Boswellia Serrata Resin is not recommended for chronic pain. The request for a Terocin pain patch box (10 patches) is not medically necessary and appropriate.