

Case Number:	CM13-0055659		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2007
Decision Date:	04/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 has a date of injury of 10/29/2007; mechanism of injury was not provided in the documentation. The patient is diagnosed with cervical spine sprain/strain, chronic spasms of the cervical spine, T7-8 disc bulge. The patient was seen on 11/26/2013 for a followup. At this appointment, the patient complained of 7/10 pain in the mid thoracic area. The patient denies any radiating arm or leg pain, numbness, tingling, or weakness. The patient is using dumbbells in the home exercise program. On exam, the physician noted 90 degree flexion pain free, extension 60 degrees pain noted. There is tenderness noted at the right costochondral junction. Upper and lower extremity neurology exam is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for New Terocin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is diagnosed with cervical spine sprain/strain, chronic spasms of the cervical spine, T7-8 disc bulge, and improved costochondritis. There is an 11/25/2013

utilization review appeal which the physician stated with the use of Terocin, the patient should improve their activities of daily living. There is no documentation provided that has shown that the patient's pain level has improved. The office notes provided state the patient denies any radiating leg pain, numbness or tingling. There is also notation that the neurological exam for upper and lower extremities is normal. There is also not documentation to support that the patient's pain level has improved, activities of daily living, or quality of life have improved. The patient was cleared for full duty at work as of 10/04/2013. The patient also has been ambulating and completing a home exercise program with no increased pain level documented in the type of work provided. The California Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation to support that other medications have been tried and not worked well for the patient. Therefore, the request is non-certified.