

Case Number:	CM13-0059489		
Date Assigned:	12/30/2013	Date of Injury:	04/10/2008
Decision Date:	04/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice 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 51-year-old male who reported an injury on 04/10/2008. The patient reportedly strained his left side while installing a car part. The patient is currently diagnosed with CRPS type 1 of the left hemithorax and left upper extremity, as well as sympathetically maintained pain of the left hemithorax and left upper extremity. The patient was seen by [REDACTED] on 09/12/2013. The patient reported continuous pain in the neck, upper back, and shoulder with radiation to the left arm. Physical examination revealed a well-healed incision with scar over the left thoracotomy, full range of motion of the cervical and lumbar spine, negative Spurling's maneuver, 5/5 motor strength in bilateral upper and lower extremities, and intact sensation. The patient also demonstrated allodynia, hyperalgesia, and dysesthesias in the left T3-7 dermatomes. Treatment recommendations included continuation of current medications, including Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is noncertified.