

Case Number:	CM13-0059752		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2012
Decision Date:	05/08/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in 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 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 40 year old female who was injured on 02/15/2012 while she working as a caregiver. She was helping a patient onto the bed. To avoid letting the patient fall, she grabbed the patient and lifted her up to put her on a chair. She heard and felt some pain and catching in her back and felt a sharp pain in her lower back. Prior treatment history has included (list prior treatments). The patient underwent a branch block bilaterally at L5-S1 on 02/22/2013; a left SI joint injection on 03/15/2013; and a medial branch block on the left at L4-5 and L5-S1 on 09/06/2013. The patient states that all of these procedures only decreased her pain somewhat. She has had 24 visits of acupuncture and 8 visits of chiropractic treatment. Spine surgery consultation dated 11/20/2013 indicated the patient has complaints of low back pain with left leg symptoms. She says that her low back pain continues to be severe and currently rates her back pain at 8/10 on the pain scale. She reports occasional radiation of pain and weakness down her left leg down to her foot. Physical findings show the patient has diffuse palpation tenderness in her lower lumbar paraspinous region and in her lower lumbar facet regions bilaterally. Lumbar range of motion revealed: flexion to 10 degrees, extension to 0 degrees; right lateral bend to 5 degrees; and left lateral bend to 5 degrees. Neurologic evaluation showed decreased sensation in L4-L5 and S1 dermatomes on the left. Lower extremity motor exam is limited by pain. Motor muscle strength is 4/5 bilaterally. The patient is diagnosed with 1) Lumbar disc herniation at L5-S1 with right-sided neural foraminal narrowing; 2) Annular fissure at L5-S1; 3) Facet arthropathy of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

#1 TEROGIN 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 Page(s): 111-113.

Decision rationale: Terocin is a topical analgesic lotion containing a combination of the following medications: methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. According to CA MTUS Guidelines, compound medications containing lidocaine (in lotions, gels, or creams) are not recommended for topical application. In addition, CA MTUS Guidelines do not recommend any compounded medication that contains at least one drug (or drug class) that is not recommended or FDA indicated. Therefore, based on the guidelines and criteria provided, the request is non-certified.