MAXIMUS Federal Services

Case Number:	CM13-0060835		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2000
Decision Date:	05/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to 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 injured worker is a 52 year old male injured on 02/04/00 when he fell from a ladder resulting in facial fractures. The patient also experienced low back pain which was later aggravated on 10/31/08 while lifting heavy stones. The patient underwent facial surgery in 2000, lumbar partial laminectomy at levels of L4 through S1 on January 6, 2011, and L5-S1 microlumbar decompression on 10/11/12. The injured worker carries diagnoses of cervical stenosis, chronic low back pain, chronic neck pain, and cervicogenic headaches. Conservative treatments have included physical therapy, acupuncture, and multiple pain medications. The disputed issue is a request for Terocin. This was prescribed as early as August 23, 2012 and September 2012 according to the progress notes. The medical records indicate the patient has suffered medication induced gastritis and is on Omeprazole. Therefore the patient is intolerant to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TEROCIN LOTION 4 OZ #1: Upheld

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

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

Decision rationale: In the case of this injured worker, there is documentation of post laminectomy syndrome. Although this is a neuropathic pain process, the pathology is at the level of the lumbar roots rather than peripheral nerves that are amenable to topical treatment. Therefore Lidocaine is not appropriate to treat this injured worker's lumbar radicular symptoms. Furthermore, the documentation indicates that the patient has been receiving topical Terocin as early as August 2012. The Methyl Salicylate component is only recommended for a 4 to 12 week course as per California MTUS guidelines in the topical NSAID section. Given this, this request is recommended as not medically necessary.