

Case Number:	CM13-0063725		
Date Assigned:	12/30/2013	Date of Injury:	03/16/2006
Decision Date:	03/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a female presenting with left knee pain and low back pain following a work-related injury on March 16, 2006. The claimant complained of pain in the low back associated with tingling and numbness in the leg. The claimant had epidural steroid injections and reported a 50% reduction in her pain with the first injection and no relief with the second injection. The claimant also had this visco-supplementation in the left knee which was helpful. The claimant's medication includes Advil, Medrol, and Terocin lotion. The claimant's physical exam was significant for tenderness and withdrawal in the lumbar spine, positive straight leg raise on the left and cross leg, Lasegue is positive on the left at 45° and regard sign is positive on the left at 45°. EMG nerve conduction study was normal. MRI on December 11, 2012 of the upper extremities was also normal. The claimant was diagnosed with low back pain syndrome, left sciatic pain, and status post medial and lateral meniscus tear status post arthroscopy in 2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ, trial of Terocin patches 1 box: Upheld

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

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

Decision rationale: According to Chronic Pain Guidelines, page 111, does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with low back pain syndrome, left sciatic pain, and status post medial and lateral meniscus tear status post arthroscopy in 2006. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.