MAXIMUS Federal Services

Case Number:	CM13-0067287		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2009
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 07/16/2009. The mechanism of injury was a slip and fall. The clinical note dated 11/27/2013 reported that the injured worker complained of burning in her elbows, shoulder, low back, neck, and ankles. The injured worker reported the pain was worse with walking, sitting, and standing. The injured worker rated her pain 10/10 without medications and a 5/10 with medications. On the physical exam, the provider noted the injured worker had a negative Spurling's sign and a negative Hoffmann's sign bilaterally. The provider also indicated the injured worker to have tenderness over the cervical paraspinals. The provider also indicated the injured worker to have tenderness over the facet joints. The provider noted the injured worker to have limited range of motion in the cervical spine, tenderness to the medial and lateral elbows bilaterally. The provider noted the injured worker to have full range of motion of the elbows. The provider requested Terocin lotion 120 mL. The Request for Authorization was provided and submitted on 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 120ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 111-113

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

Decision rationale: The request for Terocin lotion 120 mL is non-certified. The injured worker reported burning in her elbows, shoulder, low back, neck, and ankles. The injured worker reported the pain was worse with walking, sitting, and standing. The injured worker rated the pain 10/10 without medications and 5/10 with medications. The California MTUS notes topical analgesics are largely experimental in their use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. The guidelines also note any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The guidelines note that topical analgesics are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow, or other joints that are ammanable to topical treatment. The guidelines also recommend topical analgesics for short term use of 4 to 12 weeks. The provider did not indicate the quantity to be dispensed within the clinical documentation. The provider failed to indicate the body part of where the injured worker is to apply the medication. There is a lack of documentation indicating the injured worker to have osteoarthritis or tendonitis in the clinical documentation submitted. Additionally, the injured worker had been utilizing the medication for an extended period of time which exceeds the guidelines recommendations of short short term use for 4 to 12 weeks. Therefore, the request for Terocin lotion 120 mL is non-certified.