

Case Number:	CM14-0001108		
Date Assigned:	01/22/2014	Date of Injury:	01/24/2007
Decision Date:	06/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 56 year old male who sustained an injury on 01/24/07 while getting out of the cab of a truck. The injured worker has been followed for chronic low back pain that has not improved with physical therapy. The injured worker was seen on 10/03/13 for continuing complaints of low back pain. Recent epidural steroid injections from July of 2013 provided no benefit. The injured worker also reported no benefit from the use of a TENS unit. With pain medications, the injured worker's pain score was 8/10 on the VAS. Without medications, the injured worker felt his pain was uncontrolled. Benefits were reported with the use of Soma and Norco. The injured worker denied any neurological changes. The injured worker's physical examination was negative for any evidence of neurological deficit. A follow up on 10/31/13 stated the injured worker had increasing pain due to weather changes with right quadriceps numbness and a burning sensation in the lower extremities. The injured worker was wishing to try Gabapentin. The injured worker noted relief with Norco, Soma, and a Terocin patch. Pain scores were unchanged. Physical examination noted diminished sensation in the right lateral quadriceps. Follow up on 12/29/13 indicated the injured worker continued to have symptoms in the low back and right lower extremity. With narcotics and Soma, the injured worker had functional improvement. Pain scores remained unchanged. Physical examination showed mild weakness in the right lower extremity with continuing diminished sensation in the right lateral quadriceps. The follow up on 01/24/14 indicated the injured worker did have flare ups of symptoms with any activities. Pain medication was reported to be beneficial; however, pain scores had not changed. Physical examination remained unchanged at this visit. The requested Terocin patches prescribed on 10/31/13 were denied by utilization review on 12/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 10/31/13) FOR TEROGIN: Upheld

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

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

Decision rationale: In regards to the prescription for Terocin patches on 10/31/13, the MTUS Chronic Pain Guidelines indicate that topical analgesics such as Terocin which contains Capsaicin as the primary component as well as Lidocaine are largely experimental and investigational. They can be utilized as an option in the treatment of minor musculoskeletal pain such as arthritis. Other indications include the treatment of neuropathic pain. From the clinical documentation submitted for review, there was no indication that the injured worker had failed oral medications to treat osteoarthritis or neuropathic symptoms. There was no indication of any intolerance to oral medications that would support topical pain patches. Therefore, the request is not medically necessary and appropriate.