

Case Number:	CM14-0003390		
Date Assigned:	01/17/2014	Date of Injury:	08/26/2011
Decision Date:	06/11/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 reported an injury on 8/26/11; the mechanism of injury was not provided for review. The clinical note dated 11/7/13 presented the injured worker with persistent back pain with hardware related pain due to cold weather. The injured worker's physical exam to the lumbar spine revealed a well-healed midline scar, tenderness to the paravertebral muscles, and palpable hardware. The injured worker's diagnoses were L4-S1 stabilization and decompressive procedure and retained symptomatic lumbar spinal hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: 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 Page(s): 56, 111.

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Terocin patches list Lidocaine as an active

ingredient. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There was a lack of a complete and accurate pain assessment, and it was unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations. As such, the request is not medically necessary.