

Case Number:	CM14-0003863		
Date Assigned:	02/03/2014	Date of Injury:	04/22/2010
Decision Date:	06/19/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 42 year-old female with a 4/22/10 industrial injury claim. According to the 12/17/13 pain management report from [REDACTED], the patient presents with 8/10 neck and back pain. She takes Norco, Zanaflex, Elavil, Prilosec and Motrin, and these are reported to decrease her pain by 50%. She has been diagnosed with myofascial pain syndrome; lumbar facet arthropathy; and lumbar disc herniation at L4/5 and L5/S1. [REDACTED] recommended Terocin patches. On 1/2/14, UR recommended non-certification for the patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH BOX # 1: 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): 111-113.

Decision rationale: According to the 12/17/13 pain management report from [REDACTED], the patient presents with 8/10 neck and back pain from a 4/22/2010 industrial injury. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. MTUS states "Any compounded product

that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS did not discuss Menthol so ODG guidelines were consulted. ODG discusses menthol as the active ingredient in Biofreeze that takes the place of ice packs, and is recommended on "acute" low back pain. The patient's back pain is not in the acute phase, so use of Menthol would not be indicated, and therefore the use of the whole topical patch that contains menthol is not recommended. The request for Terocin Pain Patch Box is not medically necessary.