

Case Number:	CM14-0004473		
Date Assigned:	02/05/2014	Date of Injury:	01/30/2012
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 claimant is a 60 year-old male who is reported to have sustained work related injuries on 01/30/12. The injured worker reports cumulative trauma and on 01/30/12 he is reported to have rolled out from underneath a fire engine and upon standing developed low back pain. The injured worker complains of cervical pain, back pain, shoulder pain, knee pain, plantar fasciitis, and carpal tunnel syndrome. The injured worker has been treated with oral medications and physical therapy. An Agreed Medical Examination performed on 10/09/13 is grossly normal. A request for Terocin Patches # 10 was non-certified under a utilization review dated 12/13/13.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , LIDODERM PATCH, 56-57

Decision rationale: The request for Terocin Patch # 10 is not medically necessary. The submitted records indicate the injured worker has chronic complaints associated with cumulative trauma. He has been maintained on oral medications and physical therapy. Terocin patches contain Lidocaine and are similar to Lidoderm patches. The requestor provides no indication for these patches. There is no data to suggest that he injured worker has failed first line therapies. As such the request does not meet Chronic Pain Medical Treatment Guidelines, and medical necessity has not been established. Therefore the request for Terocin Patch #10 is not medically necessary.