

Case Number:	CM14-0005053		
Date Assigned:	01/24/2014	Date of Injury:	02/17/2009
Decision Date:	06/16/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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 Internal Medicine 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 has filed a claim for cervical discopathy associated with an industrial injury date of February 17, 2009. The treatment to date has included medication and activity modification. The medical records from 2011-2013 were reviewed showing the patient complaining of cervical spine symptoms with chronic headaches. There are also associated symptoms in the shoulder blades as well as migraines. Symptoms have been relatively stable. Physical exam demonstrated tenderness over the cervical paravertebral muscles and upper trapezial muscles with spasms. Axial loading compression test and Spurling's maneuver were positive. Cervical range of motion was limited. There was tenderness over the bilateral anterior glenohumeral region and subacromial space. Range of motion for the bilateral shoulders was limited. The bilateral wrists/hands demonstrated positive Palmore compression test subsequent to Phalen's maneuver. There was reproducible symptomatology in the median nerve distribution. A Utilization review from January 3, 2014 denied the request for Terocin patches due to adverse guideline recommendations.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Terocin patches contain 4% Lidocaine. As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Terocin is not one of the commercially approved formulations of lidocaine that is indicated for neuropathic pain. In this case, the patient was prescribed Terocin in December 2013. However, there is no discussion concerning its use despite adverse evidence. Therefore, the request for Terocin patches is not medically necessary.