

Case Number:	CM14-0008502		
Date Assigned:	02/12/2014	Date of Injury:	11/27/2007
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 injured worker is a 53-year-old female with a date of injury on 11/27/07. The injury occurred as a result of a slip and fall at which time she injured her left knee, bilateral hands, and neck. The injured worker has since developed significant psychiatric symptoms following the initial injury. The current diagnoses include status post C3 to C6 hybrid reconstruction on 07/13/12, lumbar discopathy, internal derangement of the right knee, bilateral shoulder pain, bilateral carpal tunnel syndrome, left knee internal derangement secondary to persistent pain, status post left foot 4th and 5th phalanx fracture, major depressive disorder, insomnia due to pain, female hypoactive sexual desire disorder due to pain, and psychological factors affecting medical condition. The most recent documentation specific to musculoskeletal system dated 08/06/13 indicates the injured worker presented complaining of hip, left foot, and neck pain. The injured worker also reported residual headache and low back pain. The documentation indicates the injured worker is utilizing electrical stimulation unit for pain control and cane to assist in standing and ambulation. Physical examination of the cervical spine reveals tenderness at the cervical paravertebral muscles, pain with terminal motion, and neurovascular status intact. Examination of the shoulders reveals tenderness at the shoulders anteriorly, positive impingement sign, and pain with terminal motion. Examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments, pain with terminal motion, seated nerve root test is positive, dysesthesia at the L5 and S1 dermatomes, and weakness of the ankles and toes. The documentation indicates request for transdermal medications secondary to recent gastric bypass surgery and inability to take oral medications. However, the recent psychiatric documentation indicated the injured worker was utilizing multiple psychotropic medications without difficulty. The current medications include Medrox patch, Lenza gel, Wellbutrin XL

300mg, Wellbutrin XL 150mg, and Ambien. The initial request for prospective request for 10 Methyl Salicylate/Menthol (Terocin patch) to site of pain was initially non-certified on 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) METHYL SALICYLATE/MENTHOL (TEROCIN PATCH) TO SITE OF PAIN, FOR SYMPTOMS RELATED TO THE LUMBAR SPINE INJURY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Goodman and Gilman's: The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed. www.RxList.com; Official Disability Guidelines (ODG), Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary; drugs.com; Epocrates online: www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, Page(s): 105.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, salicylates topical are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the prospective request for 10 methyl salicylate/menthol (Terocin Patch) to site of pain is not medically necessary.