

Case Number:	CM14-0100811		
Date Assigned:	09/16/2014	Date of Injury:	02/11/2010
Decision Date:	12/04/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation 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 injured worker is a 52-year-old male who reported an injury on 02/11/2010. The injury reported was while the injured worker was lifting a furnace with a dolly. The diagnoses included degeneration, lumbosacral intervertebral disc; lumbago; chronic pain due to trauma. The previous treatments included medication and TENS unit. The medication regimen included AMRIX and tizanidine. Within the clinical note dated 04/10/2014, it was reported the injured worker complained of pain in the low back, left leg, and left buttock pain. He described the pain as constant, achy, and throbbing. He reported the pain radiated to the left lower extremity and left leg. He rated his pain 8/10 in severity. Upon the physical examination, the provider noted there were no significant changes. The provider requested Terocin patch for pain. However, the Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Terocin Patches DOS 4/10/2014: 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 NSAIDs Page(s): 111-112.

Decision rationale: The retrospective request for Terocin patches date of service 04/10/2014 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommend for osteoarthritis and tendinitis, in particular that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. The request failed to provide the treatment site of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.