

<b>Case Number:</b>	CM14-0016366		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/18/1984
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational 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 is a 56 year old male who was injured on 06/18/1984 while he was fighting a suspect and received a blow on the right side aspect of his body after he got shoved into a car window. Prior treatment history has included physical therapy. The patient underwent right ankle reconstruction and right shoulder arthroscopy. Diagnostic studies reviewed include MRI of the thoracic spine w/o contrast dated 02/04/2014 which revealed no loss of vertebral body. T11-T12: There is a broad-based bulge (3mm) with a closed right posterior disc extrusion, extending cranially, and measuring 9x7x4 mm. This contributes to mild central canal and mild bilateral neural foraminal narrowing. T5-T6: There is a broad-based bulge 3 mm which in conjunction with facet hypertrophy and ligament flava laxity produces mild central canal narrowing. The cord exhibits no abnormal signal at this level. T3-T4: Broad-based bulge 2 mm in conjunction with facet hypertrophy and ligament flava laxity. T7-T8: Broad-based bulge 2 mm in conjunction with facet hypertrophy and ligament flava laxity. The progress note dated 01/07/2014 documented the patient to have complaints of thoracic pain. The patient's medications include Metformin 500 mg, Simvastatin 40 mg, Pioglitazone 50 mg, Glipizide ER 5 mg, Diovan 40 mg, Omeprazole over the counter and 81 mg aspirin. Objective findings on exam reveal cervical flexion 50 degrees causes stretch. Extension 40 degrees is pain free. Rotation bilaterally, extension rotation to the right cause neck pain. Thoracic and lumbar flexion 120 degrees, extension 40 degrees, extension rotation was pain-free. Bilateral biceps, brachioradialis, triceps, patella and Achilles reflexes were 1 with toes downgoing. There is full strength in the bilateral deltoid, rotator cuff, triceps, wrist and finger flexors, extensors, iliopsoas, quadriceps, tibialis anterior, toe flexors and toe extensors. Straight leg raising bilaterally at 40 degrees causes thoracic pain. There was tenderness along the T3, T4 and T5 spinous processes and interscapular border. The patient had noted probable T2, T3, T4 and T4-T5 degenerative disc bulge with facet

syndrome causing myofascial interscapular pain and probable C4-C5 and C5-C6 disc protrusions. The treatment plan includes Terocin to apply 1 g 3 times a day to his spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TEROCIN 1GM QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical Analgesics Page(s): 111.

**Decision rationale:** This patient has no documentation of neuropathic pain. There is also no documentation as to why systemic medication is inadequate. This does not meet the guideline and is not considered medically necessary. Nor does it justify a deviation from the above guideline.