

Case Number:	CM14-0017427		
Date Assigned:	04/14/2014	Date of Injury:	05/14/2011
Decision Date:	05/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 70-year-old who reported an injury on May 14, 2011 after a fall that reportedly caused injury to her low back. The injured worker's treatment history included physical therapy, activity modifications, a home exercise program, and multiple medications. The injured worker was evaluated on December 16, 2013. It was documented that the injured worker had persistent low back pain radiating to the bilateral lower extremities. Physical examination findings included restricted range of motion secondary to pain with positive seated nerve root test and disturbed sensation in the right L5 and S1 dermatomes. The injured worker's diagnoses included lumbar discopathy, superior labrum tear of the right hip, left hip sprain/strain, mild Achilles tendinosis of the right ankle, right ankle sprain/strain, and left ankle sprain/strain. The injured worker received an intramuscular injection of Toradol at that visit. The injured worker's treatment plan included continuation of medications and use of a TENS (transcutaneous electrical nerve stimulation) unit. Request was made on January 6, 2014 for medications to include naproxen, cyclobenzaprine, omeprazole, tramadol, and Terocin patches. It was documented that the Terocin patch was ordered to provide pain relief for the injured worker's mild to moderate acute or chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR TEROGIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The requested Terocin patch #10 is not medically necessary or appropriate. The requested medication is a compounded topical patch that contains menthol, methyl salicylate, lidocaine, and capsaicin. California Medical Treatment Utilization Schedule recommends the use of lidocaine in a patch formulation when the injured worker has failed to respond to first-line or anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first-line anticonvulsants in the management of chronic pain. California MTUS does support the use of menthol and methyl salicylate in the management of osteoarthritic related pain. However, the request does not include a body part; therefore, the appropriateness of the medication cannot be determined. Also, California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical agent unless the injured worker has failed to respond to all first-line chronic pain management treatments. The clinical documentation fails to provide any evidence that the injured worker has failed to respond to first-line oral medications to include antidepressants and anticonvulsants. Therefore, the use of capsaicin in topical formulation would not be supported. California Medical Treatment Utilization Schedule states any compounded product that contains at least one drug (or drug class) that is not supported is not recommended. Also, the request as it is submitted does not identify frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. The request for Terocin patches, ten count, is not medically necessary or appropriate.