MAXIMUS Federal Services

Case Number:	CM14-0119356		
Date Assigned:	08/06/2014	Date of Injury:	10/17/2005
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 underlying date of injury in this case is 10/17/2005. The patient's diagnosis includes status post left knee surgery in 1997 and 1992 as well as bilateral knee degenerative joint disease and thoracic sprain. On 05/29/2014, the treating physician saw the patient in follow up with ongoing back and knee pain. That report notes that the patient was pending authorization for a TENS unit and that the patient reported that he had used this in the past with great benefit. The physician notes that the patient previously used a TENS unit several times weekly in order to increase his functional capacity and more completely perform a home exercise program and activities of daily living. This patient was also noted to be using Terocin Patches which helped decrease his pain and limit oral medication use. He was able to limit ibuprofen to one to two tablets daily instead of three times a day and noted his pain could get as high as 8/10 without the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch Box, #10 Patches, Refills X2: 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 Analgesics Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, state that the clinician should document the rationale and propose a mechanism of action of each component ingredient in a compounded product. The medical records do not meet these guidelines. The records do not discuss the proposed mechanism of action of Terocin. Moreover, this medication contains lidocaine, which is indicated topically only for localized neuropathic pain; the medical records do not clearly document such local peripheral neuropathic pain for which the component ingredient lidocaine may be indicated. For multiple reasons, the guidelines do not support this request. This request is not medically necessary.

TENS Unit for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on TENS, state that a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration for one of multiple forms of neuropathic pain. The medical records do not document such neuropathic pain at this time. Overall, the medical records and guidelines do not clearly support the conclusion that there is an indication for which the guidelines recommend TENS use. This request is not medically necessary.