

Case Number:	CM14-0133844		
Date Assigned:	08/25/2014	Date of Injury:	02/06/2014
Decision Date:	12/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 36 year old employee with date of injury 2/6/14. Medical records indicate the patient is undergoing treatment for cervical strain with radiculitis, thoracic strain, lumbar strain with radiculitis, bilateral elbow strain, bilateral wrist strain, bilateral shoulder strain, bilateral chest wall strain, situational depression and sleep disturbance secondary to pain. Subjective complaints include pain in lower back, mid and upper back. Bilateral shoulder/arm pain and bilateral elbow/forearm pain. Pain and numbness bilateral wrists/hands. Objective complaints include tightness/tenderness to cervical and thoracic paraspinal muscles. Cervical compression test positive. Tightness/tenderness lumbar paraspinal muscles with restricted range of motion. Straight leg raise positive bilaterally. Tenderness bilateral shoulders with restricted range of motion. Impingement and supraspinatus test positive. Tenderness bilateral arms, elbows, forearms, wrists and hands. Treatment has consisted of physical therapy, chiropractic, work restrictions, lumbar brace, home exercise program, TGHOT and LINT. Medications include Fluriflex, Tramadol, Ibuprofen and Menthoderp gel. The utilization review determination was rendered on 8/8/14 recommending non-certification of Terocin Patch (quantity unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Compound creams.

Decision rationale: Terocin lotion is topical pain lotion that contains Lidocaine and menthol. ODG states regarding Lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Terocin Patch (quantity unknown) is not medically necessary.