

Case Number:	CM14-0135290		
Date Assigned:	08/29/2014	Date of Injury:	03/26/2014
Decision Date:	10/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/22/2014

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 Texas & Ohio. 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 36-year-old male who reported a date of injury of 03/26/2014. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbosacral radiculopathy and hip tendonitis/bursitis. Prior treatments included physical therapy. The injured worker had unspecified electrodiagnostic studies of the lower extremities on 07/16/2014, with an unofficial report indicating no evidence of entrapment, neuropathy, or acute lumbar radiculopathy. Surgeries were not indicated within the medical records provided. The injured worker had complaints of anxiety, depression, and lower back pain radiating into the lower extremities with numbness and weakness. The clinical note dated 08/14/2014 noted the injured worker had tenderness to palpation, spasms, and guarding of the paravertebral musculature of the lumbar spine with decreased range of motion. The injured worker had decreased sensations over the L5 dermatomes bilaterally with pain and was noted to ambulate with an antalgic gait. Medications included cyclobenzaprine, nabumetone, and tramadol. The treatment plan included refilling medications, and the physician's recommendation for an internal medicine consult. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): page(s) 111-112..

Decision rationale: The injured worker had complaints of anxiety, depression, and lower back pain radiating into the lower extremities with numbness and weakness. The California MTUS Guidelines indicate topical analgesics are indicated primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed, also indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Recommended for short term use of 4 to 12 weeks. Any compounded product that contains at least one drug that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. The guidelines recommend topical analgesics after failed treatments with antidepressants and anticonvulsants for neuropathic pain. There is a lack of documentation the injured worker has failed a first line treatment with antidepressants and anticonvulsants. Furthermore, there is a lack of documentation indicating the injured worker has neuropathic pain, osteoarthritis, tendonitis, or diabetic neuropathy, for which the guidelines recommend the use of topical analgesics. Additionally, the request as submitted did not specify an area of application for the medication requested. As such, the request is not medically necessary.