

Case Number:	CM14-0154094		
Date Assigned:	09/23/2014	Date of Injury:	07/05/1995
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 07/05/1995. The mechanism of injury was not submitted for clinical review. The diagnoses included status post cervical fusion, status post lumbar fusion, right carpal tunnel syndrome, status post carpal tunnel release, left carpal tunnel syndrome, status post carpal tunnel release, left shoulder surgery, chronic pain syndrome. Previous treatments included medication, home exercise program. Within the clinical note, dated 06/26/2014, it was reported the injured worker complained of neck and low back pain. Upon the physical examination of the cervical spine, spasms were noted. There was decreased range of motion, painful range of motion, and tenderness to palpation of the cervical trapezial range. The lumbar spine revealed spasms, painful/limited range of motion. There was tenderness to palpation over the lumbar paraspinal musculature. A positive straight leg raise was noted bilaterally. The provider requested Terocin for pain. The Request for Authorization was submitted and dated 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin cream between 6/26/2014 and 10/26/2014: 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 NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage and the quantity of the medication. Therefore, the request for unknown prescription of Terocin cream is not medically necessary and appropriate.