

Case Number:	CM14-0167066		
Date Assigned:	10/14/2014	Date of Injury:	03/23/2011
Decision Date:	11/17/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 patient is a 44 year old female with date of injury 3/23/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of neck, low back and right shoulder pain since the date of injury. She has been treated with physical therapy and medications. MRI of the lumbar spine dated 12/2013 revealed disc disease and bulging at L5-S1, L4-5 and L3-4. Objective: decreased and painful range of motion of the cervical and lumbar spine, bilateral trapezius and lumbar paraspinous muscle tenderness to palpation, positive Spurling's test, positive straight leg raise on the right, decreased sensation of the bilateral C7, C8 and right L5/S1 dermatomes. Diagnoses: neck sprain, thoracic sprain, lumbar sprain with radiculitis. Treatment plan and request: Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch: 1 patch every other day for 12 hours (quantity not given): Upheld

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

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

Decision rationale: This 44 year old female has complained of neck, low back and right shoulder pain since date of injury 3/23/2011. She has been treated with physical therapy and medications. The current request is for Terocin patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Terocin patch is not indicated as medically necessary.