

Case Number:	CM14-0020269		
Date Assigned:	04/25/2014	Date of Injury:	07/26/2011
Decision Date:	07/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injury is a 49 year old female injured on 02/07/14 due to injuries sustained due to repetitive motion at work. The injured worker reported increased low back pain with intermittent numbness in the legs usually with prolonged sitting. Current diagnoses included cervicothoracic discopathy, bilateral shoulder impingement with MRI evidence of partial rotator cuff tear of the right shoulder, and electro diagnostic evidence of bilateral carpal tunnel syndrome and right ulnar neuropathy. The injured worker utilized medication management, home exercise program, activity modification, and ergonomic evaluation of her work space. Clinical note dated 02/27/14 indicated the injured worker continued to complain of low back pain radiating into the lower extremities, right greater than left. The injured worker also reported giving way of her lower extremities with some dragging of her feet which was indicative of a new component to neurological deficit. The injured worker also complained of cervical and bilateral shoulder pain with associated headache. Physical examination revealed decreased range of motion of the lumbar spine, decreased sensation to L5 and S1 dermatomes, 3-4/5 strength to L5 and S1 enervated muscles, and absent ankle reflex on the left. Physical examination of the cervical spine revealed tenderness of the cervical paravertebral muscle and upper trapezial muscles with spasm, dysesthesia in the left C5-6 dermatomal pattern involving the lateral forearm and hand. Medications included naproxen 550mg, cyclobenzaprine 7.5mg, Ondansetron ODT 8mg, omeprazole 20mg, tramadol ER 150mg, and Terocin patch. The request for Terocin patch #30 was non-certified on 02/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Terocin patch cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.