

Case Number:	CM14-0025167		
Date Assigned:	06/11/2014	Date of Injury:	11/21/2006
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 55 year old female who sustained an injury on 11/21/06. The injured worker had prior work related injuries. On the date of injury her right upper extremity was grabbed causing pain in the right shoulder and low back when she fell. The injured worker also described hitting her head on the ground. Initial treatment included injections and medications. The injured worker was also referred for physical therapy and acupuncture treatment. It appeared the injured worker also received chiropractic therapy. Medications included tramadol and Relafin for pain. The injured worker was followed by [REDACTED] for pain management. The injured worker was being prescribed different separate medications from a [REDACTED] including Prilosec and Motrin. The last evaluation from [REDACTED] was on 09/07/13 reviewing the medical records. No physical examination findings were noted. No other recommendations were noted. The requested retrospective prescription for Terocin lotion 120mL dated 12/02/13 was denied by utilization review on unspecified date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED RETRO DOS 12-2-2013; TEROGIN LOTION 120ML: 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 Analgesics Page(s): 111-113.

Decision rationale: There are no clinical notes available for review from the time the injured worker was prescribed this medication to support medical necessity. Terocin lotion contains capsaicin which can be used as option for neuropathic pain that has failed other conservative treatment including oral anti-inflammatories anticonvulsants or antidepressants. Overall the clinical literature does overall current evidence based guidelines considers topical analgesics largely experimental/investigational. Without any indication the injured worker has had ongoing neuropathic symptoms that have failed standard oral medications such anticonvulsants or antidepressants this request is not medically necessary.