

Case Number:	CM14-0028564		
Date Assigned:	06/16/2014	Date of Injury:	10/19/2011
Decision Date:	07/28/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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:

Patient is a 51 year-old male with cumulative trauma injury dates of 11/17/1978 through 10/19/2011. The medical document associated with the request for authorization, lists subjective complaints as chronic low back pain and pain in the bilateral shoulders, right side greater than left, and objective findings of lumbar spine tenderness to palpation and spasm of the paravertebral muscles. Seated nerve root test was positive. There was dysethesia at the L5 and S1 dermatomes. Examination of the bilateral shoulders revealed tenderness at the shoulder anteriorly. There was a positive Hawkin's and impingement sign as well as pain with terminal motion. Diagnoses included cervical/lumbar discopathy, internal derangement bilateral shoulders, carpal tunnel syndrome/ double crush phenomenon, internal derangement bilateral knees, and right ankle internal derangement.

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 topical analgesics.

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

Decision rationale: The active ingredients of Terocin patches are Menthol 4% and Lidocaine 4% and it is classified as a topical analgesic. The MTUS Guidelines do not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical records do not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Therefore, the request is not medically necessary.