

Case Number:	CM14-0030705		
Date Assigned:	06/20/2014	Date of Injury:	03/09/2001
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 65-year-old female who was reportedly injured on March 9, 2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated May 9, 2014, indicated there were ongoing complaints of cervical spine pain, shoulder pain and wrist pain. Current medications were stated to be helpful. The physical examination demonstrated tenderness over the cervical paravertebral and trapezius muscles. There were slightly decreased shoulder range of motion and tenderness over the biceps tendon. Examination of the wrists noted tenderness as well with a positive Finkelstein's test. Tenderness was also noted over the coccyx. Treatment plan included continuing with current medications including Flurbiprofen, hydrocodone, Colace and omeprazole. A request was made for terodolorcin and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terodolorcin (terocin lotion) 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Official Disability Guidelines, only topical medications including non-steroidal anti-inflammatory medications (NSAIDs), capsaicin and lidocaine are recommended for use. Terodolorcin is a combination of methyl salicylate, capsaicin, menthol and lidocaine. Continued use of this medication is not recommended. This request for terodolorcin is not medically necessary.