

Case Number:	CM14-0031698		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2009
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 45-year-old male who was reportedly injured on November 18, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 2, 2014, indicated that there were ongoing complaints of chronic low back pain radiating to the left lower extremity. Previous medication of lumbar epidural steroid injections was stated to be helpful. Current medications included tramadol, Baclofen, naproxen and terocin. Physical examination demonstrated decreased sensation at the lateral aspect of the left leg. There was tenderness over the lumbar paraspinal muscles and increased pain with flexion and extension. There was a positive left sided straight leg raise. Treatment plan included medication management. A request had been made for terocin and Baclofen and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml, 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=41055>.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, only topical analgesic medications including non-steroidal anti-inflammatory drugs, capsaicin and lidocaine are recommended for usage. Terocin is a topical medication, which includes methyl salicylate, capsaicin, menthol and lidocaine. There has been no objective medical evidence that these other ingredients have any efficacy. Therefore, this request for terocin is not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Baclofen is an anti-spasticity medication used to decrease spasticity in conditions such as cerebral palsy, multiple sclerosis and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. The injured employee is not noted to have any of these conditions. It is unclear why this medication has been prescribed. This request for Baclofen is not medically necessary.