

Case Number:	CM14-0032450		
Date Assigned:	06/20/2014	Date of Injury:	08/20/2010
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurological 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 party is a 36-year-old female who was reportedly injured on August 20, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 22, 2014, indicated that there were ongoing complaints of bilateral upper extremity discomfort and uncontrolled hypertension. The physical examination demonstrated tenderness to palpation. Diagnostic imaging studies objectified surgical pathology in the elbow; however, the surgery was not pursued secondary to comorbidities. Previous treatment included transcutaneous electrical nerve stimulator (TENS) and conservative care. A request had been made for terocin patches and a soft wrist brace and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Terocin Patches (#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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 28 of 127.

Decision rationale: This is a topical preparation that includes an analgesic ointment and a methyl salicylate. It is noted that such topical preparations are "largely experimental," and there have been several randomized trials. However, the progress note, presented for review, did not establish any noted efficacy or utility with the ongoing use of this preparation. There has been no improvement of 1 functionality, decrease in pain or any other measure. Therefore, based on the records presented for review, this topical preparation is not medically necessary.

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1 Soft wrist brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist & hand chapter, updated February 18, 2014.

Decision rationale: Immobilization was not indicated for wrist pathology. Furthermore, it was noted that the injury involved the bilateral elbows, and there was no pathology noted involving the wrist. Therefore, based on the clinical information presented for review, this wrist brace is not medically necessary.