

Case Number:	CM14-0041045		
Date Assigned:	06/30/2014	Date of Injury:	11/02/2001
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 62-year-old female who was reportedly injured on November 2, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 19, 2014, indicated that there were ongoing complaints of right sided neck and right upper extremity pains. The physical examination demonstrated a pain with terminal location, tenderness to palpation of the cervical spine and there was muscle spasm in the trapezius muscle. Crepitation in the left carpometacarpal joint was noted. Diagnostic imaging studies objectified and were not reviewed. Previous treatment included lumbar fusion surgery, multiple medications, epidural steroid injections, bilateral carpal tunnel release, bilateral trigger thumb release and an Anchovy procedure right thumb. A request was made for terocin and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 112 of 127 Page(s): 112 of 127.

Decision rationale: When noting the date of injury, the current physical examination and taking into consideration the treatment offered and that there is no objectified efficacy with the use of this topical compounded preparation and by the parameters outlined in the California Medical Treatment Utilization Schedule noting this is a largely experimental preparation with little success in randomized controlled trials, there was no clear clinical indication or medical necessity established for the continued use of this preparation. Efficacy has not been objectified in the progress notes presented for review.