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| Case Number: | CM14-0053545 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 05/02/2012 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 records presented for review indicate that this 58 year-old individual was reportedly injured on May 2, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of neck, shoulder, low back, and right knee pain. The physical examination states pain on the visual analog scale is 8/10 cervical spine with radiation right greater than left. Right greater than left shoulder pain. Right knee pain/buckling. Diagnostic imaging studies mentioned x-rays of the cervical, lumbar, right knee, and bilateral shoulders however no report was available for review. Previous treatment includes medication and conservative treatment. A request had been made for Terocin patch #30 and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch thirty count: 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. MTUS (Effective July 18, 2009) Page(s): 105, 112 of 127.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. The Chronic Pain Medical Treatment Guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. The Chronic Pain Medical Treatment Guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." As such, the request for Terocin patch thirty count is not medically necessary or appropriate.