

Case Number:	CM14-0057430		
Date Assigned:	07/09/2014	Date of Injury:	02/16/2011
Decision Date:	09/08/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48 year old male who sustained an injury on 02/16/11. No specific mechanism of injury was noted. The injured worker had been followed for chronic pain involving the right knee and low back. As of 01/23/14, the injured worker had been recommended for a weight loss program. The injured worker was being followed for psychological complaints. Medications were reviewed which included hydrocodone, HCTZ, losartan, gabapentin and Prilosec as well as naproxen. The injured worker's physical examination was not provided at this evaluation. The requested Terocin patches prescribed on 01/23/14 were denied by utilization review on 03/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patches (DOS 1/23/14 to 1/23/14): 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): 111-113.

Decision rationale: In regards to the request for Terocin patches prescribed on 01/23/14, this reviewer would not have recommended this request as medically necessary based on review of

the clinical documentation submitted for review as well as current evidence based guidelines. The 01/23/14 clinical report did not specifically discuss the use of Terocin patches. There was no objective evidence regarding pain from a neuropathic etiology that would support the use of a topical analgesic containing capsaicin or Lidocaine. Per guidelines, topical analgesics such as Terocin patches can be considered as an option in the treatment of neuropathic symptoms that have failed first line medications such as antidepressants or anticonvulsants. Given the limited indications for the use of this topical analgesic and as Terocin patches are largely considered experimental and investigational by guidelines, this reviewer would not have recommended this request as medically necessary.