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| Case Number: | CM14-0070797 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 03/17/2013 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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 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:

According to the records made available for review, this is a 62-year-old female with a 3/17/13 date of injury. At the time (4/25/14) of the Decision for Terocin Patch, there is documentation of subjective (persistent neck, shoulder, and low back pain) and objective (tenderness over the cervical and lumbar paraspinal, left shoulder, and lumbar facets) findings, current diagnoses (cervical and lumbar disc syndrome, shoulder sprain/strain, radicular neuralgia, shoulder impingement with full thickness rotator cuff tear, acromioclavicular joint arthropathy, facet inflammation of the cervical, thoracic, and lumbar spine, and sprain/strain of the cervical, thoracic, and lumbar spine with segmental dysfunction), and treatment to date (medications, left shoulder steroid injection, chiropractic therapy, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar disc syndrome, shoulder sprain/strain, radicular neuralgia, shoulder impingement with full thickness rotator cuff tear, acromioclavicular joint arthropathy, facet inflammation of the cervical, thoracic, and lumbar spine, and sprain/strain of the cervical, thoracic, and lumbar spine with segmental dysfunction. However, Terocin patch contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Patch is not medically necessary.