

Case Number:	CM14-0071263		
Date Assigned:	07/14/2014	Date of Injury:	05/23/2013
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 36 year old male injured on 05/23/13 when involved in a motor vehicle collision resulting in neck and low back pain. Current diagnoses include cervical/lumbar discopathy and cervicgia. Clinical note dated 04/09/14 indicates the injured worker presented complaining of unknown complaints due to missing documentation. Clinical documentation dated 02/21/14 indicates the injured worker presented complaining of significant increasing neck pain with burning sensation, chronic headache, and stiffness of the neck. The injured worker also complained of low back pain. Physical examination of the cervical spine on 04/09/2014 revealed paravertebral muscle spasm, positive axial loading compression tests, Spurling's maneuver positive, painful and restricted cervical range of motion, and dysesthesia at C4-5 dermatome. Physical examination of the lumbar spine revealed tenderness to the thoracic and lumbar paravertebral muscles, standing flexion and extension guarded and restricted, pain with terminal motion, dysesthesia in the L5-S1 dermatome. Naproxen, Cyclobenzaprine, Sumatriptan, Succinate, Omeprazole, Tramadol, and Terocin patch requested for medication management period. The initial request for Terocin patch #30 was initially non-certified on 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Terocin contains methyl salicylate and menthol. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the prospective request for Terocin patches #30 cannot be recommended as medically necessary.