MAXIMUS Federal Services

Case Number:	CM14-0076783		
Date Assigned:	07/25/2014	Date of Injury:	04/13/2010
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female who reported an injury on 04/13/2010 due to an unknown mechanism of injury while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine, low back and left hip. Treatment history included physical therapy, chiropractic care, medications and activity modifications. The injured worker was evaluated on 05/05/2014. It was noted that the injured worker reported her pain levels as being stable. Physical findings included cervical spine with decreased range of motion and muscle spasming, and decreased range of motion of the lumbar spine with spasming. The injured worker's diagnoses included bilateral shoulder arthrosis, hypertension and sleep disorders, cervical spine spondylosis and lumbar spine herniated disc. The injured worker's medications included Tribenzor 4/10/25 mg. The injured worker's treatment plan included initiating the use of Terocin patches.

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.

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

Decision rationale: The requested Terocin patches are not medically necessary or appropriate. The requested medication contains the compound's elements of menthol, methyl salicylate, lidocaine, and capsaicin. California Medical Treatment Utilization Schedule does recommend the use menthol and methyl salicylate in the management of osteoarthritic pain. However, California Medical Treatment Utilization Schedule does not support the use of lidocaine in a patch formulation unless the injured worker has failed to respond to all first line medications to include anticonvulsants. Additionally, California Medical Treatment Utilization Schedule does not support the use of capsaicin unless the injured worker has failed to respond to all first line medications. The clinical documentation does not indicate that the injured worker has failed to respond to antidepressants or anticonvulsants. Furthermore, the request, as it is submitted does not clearly identify a dosage, frequency or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Terocin patch is not medically necessary or appropriate.