MAXIMUS Federal Services

Case Number:	CM14-0077137		
Date Assigned:	07/18/2014	Date of Injury:	05/27/2009
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
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 and 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 49-year-old male who reported an injury on 05/27/2009. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar spondylosis with bilateral pars defect, lumbar degenerative disc disease, lumbar radiculopathy with severe bilateral foraminal stenosis, cervicalgia with upper extremity radiating pain, recent treatment for angina, thoracolumbar and lumbosacral paraspinal muscle spasms, and myofascial trigger points; chronic pain secondary to trauma. The previous treatments included physical therapy, chiropractic sessions, surgery, medication, and epidural steroid injections. Diagnostic testing included an MRI. Within the clinical note dated 06/20/2014, it was reported the injured worker complained of low back pain with radiation into the bilateral lower extremities. He rated his pain 7/10 to 8/10 in severity. He complained of numbness. The injured worker reported cervical pain with radiation to his shoulders, arms, and wrists. Upon the physical examination, the provider noted the range of motion of the cervical spine was flexion at 40 degrees and extension at 60 degrees. The lumbar spine range of motion was flexion at 40 degrees and extension at 15 degrees. The provider noted the injured worker's thoracolumbar and lumbosacral paraspinal muscle spasms with myofascial trigger points, with twitch response and referral of pain. The injured worker had a positive straight leg raise bilaterally. The request submitted is for Terocin patch; however, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Terocin patch 4% is not medically necessary. The California MTUS Guidelines state topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker had been utilizing medication since at least 11/2013, which exceeds guidelines' recommendation of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.