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| Case Number: | CM14-0085810 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 11/26/2007 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Internal Medicine 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:

The injured worker is a 63 year old female who sustained an injury on 11/26/07 when she tripped and fell. The injured worker sustained an injury to the lumbar spine and did undergo a prior L4 through S1 anterior to posterior lumbar fusion with subsequent complaints of chronic low back pain. The injured worker was having her pain managed with the use of Neurontin and was pending epidural steroid injections. As of 04/22/14, the injured worker had inconsistent prescription coverage. The injured worker did report benefits from Neurontin and denied any adverse side effects. The injured worker has had prior positive urine drug screen reports for methamphetamines. The injured worker was not actively being prescribed narcotic medications. On physical examination, the injured worker had limited lumbar range of motion with tenderness to palpation in the lumbar paravertebral musculature. The injured worker did ambulate with an antalgic gait. The injured worker was reported to have had 60-70% reduction of pain in the past with epidural steroid injections. Neurontin was continued at 300mg 3 times daily and Terocin patches were also prescribed at this evaluation. The requested Terocin patches, quantity 30 prescribed on 04/22/14 were denied by utilization review on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive for Terocin Patches Qty 30 for date of service 04/22/2014: 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): 111-113.

Decision rationale: In regards to the use of Terocin patches quantity 30 prescribed on 04/22/14, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Terocin contains Capzasin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, the request is not medically necessary.