

Case Number:	CM14-0087907		
Date Assigned:	07/23/2014	Date of Injury:	11/05/2011
Decision Date:	09/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on November 5, 2011. The mechanism of injury is stated to be repetitive trauma. The most recent progress note, dated October 25, 2013, indicates that there are ongoing complaints of low back pain, right leg pain, right foot pain, and right hand pain. The physical examination demonstrated tenderness and guarding of the lumbar spine paravertebral muscles as well as trigger points over the lower lumbar spine. There was decreased lumbar spine range of motion and muscle strength of the lower extremities was rated at 4/5. Diagnostic imaging studies of the lumbar spine revealed a possible failure of the fusion at S1. Lower extremity nerve conduction studies were negative. Previous treatment includes an L5 - S1 fusion a request had been made for Terocin patches and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patch DOS 10/25/2013: Upheld

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

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

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Terocin lotion is not medically necessary.