

Case Number:	CM14-0098270		
Date Assigned:	07/28/2014	Date of Injury:	04/01/1998
Decision Date:	09/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 injured worker is a 41-year-old male who was reportedly injured on April 1, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 12, 2014, indicated that there were ongoing complaints of thoracic and low back pains. The physical examination demonstrated a loss of range of motion. Diagnostic imaging studies were not presented. Previous treatment included multiple medications. A request was made for topical medication and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Terocin; Topical Compounded medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, there is support for topical lidocaine for individuals with neuropathic pain lesions. Furthermore, these individuals would have to have failed treatment with first-line therapies. The progress note

indicates a 40% gain functional capacity with the use of oral analgesics. As such, when noting there are no side effects of the oral analgesics and by the physical examination offered, there is no clinical indication for the continued use of this topical preparation. As such, the medical necessity has not been established. Based on the above, this request is not medically necessary.