

Case Number:	CM14-0098841		
Date Assigned:	07/28/2014	Date of Injury:	07/27/2012
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 60-year-old male who reported an injury on 07/27/2012. The injured worker was evaluated on 04/14/2014. It was noted that the injured worker had cervical spine pain. The injured worker was again evaluated on 05/15/2014. It was noted that the injured worker had continued cervical spine pain with upper trapezial spasming and a positive Spurling's sign. It was noted that the injured worker had disturbed sensation in the C5-7 dermatomal distributions. The injured worker's diagnoses included cervical discopathy and carpal tunnel double crush syndrome. The injured worker's medications included naproxen sodium, omeprazole, odestron (Ondansetron?), orphenadrine, tramadol, sumatriptan, and Terocin patches. A request was made for a refill of medications.

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 Lidocaine, topical; Topical Medications; Topical analgesics.

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

Decision rationale: The requested medication is a compounded medication that contains Lidocaine, capsaicin, and methyl salicylate. The California Medical Treatment Utilization Schedule recommends the use of methyl salicylate for osteoarthritic-related pain complaints. The California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical analgesic in the absence of documentation that the injured worker has failed to respond to first line treatment such as antidepressants and anticonvulsants. The clinical documentation submitted for review does not adequately address that the injured worker has failed to respond to anticonvulsants or antidepressants. In the absence of this information, the appropriateness of a topical Lidocaine patch would also not be able to be determined. Furthermore, the request as it is submitted does not clearly identify a dosage or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 30 Terocin patches are not medically necessary or appropriate.