

Case Number:	CM14-0218444		
Date Assigned:	01/08/2015	Date of Injury:	06/23/2003
Decision Date:	04/01/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 76 year old male was injured on 06/23/2003 while being employed. On Physician's Progress Report dated 11/17/2014 he complained of low back and left lower extremity pain. On physical examination the injured worker was noted to have a slow antalgic gait, decreased sensation in the left lower extremity, and low back pain with straight leg raise bilaterally. The injured worker's diagnoses were chronic pain, status post L4-S1 fusion with hardware removal and adjacent disc disease at L3-L4 with moderate central narrowing, lumbar myofascial pain, bilateral sacroiliac joint dysfunction, hypertension, and cerebrovascular accident currently on aspirin. He was on the following medication regimen: Lexapro, Avinza, Percocet, Soma, Terocin patches, and topical Mentherm. Per documentation medication regimen allows the injured worker to perform basic ADL's. Treatment plan included current medication regimen, dispensed Lexapro and Terocin patches and recommended other diagnostic tests. The injured workers work status was not clearing noted during this visit. The Utilization Review dated 12/09/2014 non-certified the request for Terocin patches #30 and Mentherm #2 bottles as not being medically necessary. The reviewing physician referred to CA MTUS, Chronic Pain Treatment Guidelines, ACOEM, ODG for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: 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: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was evidence of him using gabapentin, however, no recent report discussed how he used it and if it was still effective for his neuropathy. Regardless, the Terocin patch was used leading up to this request, but also without enough evidence for direct functional or pain-reducing effects related to its use as this was not included in the progress notes. Without evidence of clear and direct benefit from Terocin patches, they will be considered medically unnecessary.

Menthoderm #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that topical salicylates are recommended as they are significantly better than placebo. In order to justify continuation after trial, however, evidence of functional benefit is required. In the case of this worker, he had been using Menthoderm regularly. However, there was insufficient documentation to show its direct benefit on the worker's function and pain levels. Therefore, without this documented evidence of benefit, continuation will be considered medically unnecessary.