

Case Number:	CM14-0219026		
Date Assigned:	01/09/2015	Date of Injury:	05/14/2010
Decision Date:	04/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 58 year old female, who sustained an industrial injury on 5/14/2010. The diagnoses have included cervical radiculopathy, lumbar discogenic disease, left shoulder impingement and left leg sciatica. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) and medication. According to the progress report dated 10/8/2014, the injured worker complained of pain in the neck and low back and bilateral arm numbness, left greater than right. Exam of the cervical spine revealed spasms and painful, decreased range of motion. There was radiculopathy bilaterally at C5-7 and tenderness to palpation over the cervicotrachezial ridge. The recommendations were to refill Terocin lotion, Prilosec, Motrin and request a new Transcutaneous Electrical Nerve Stimulation (TENS) unit. The requested treatments are a prescription for Terocin lotion and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Terocin 240ml between 12/8/2014 and 2/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical; and Salicylate Topicals.

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

Decision rationale: Terocin is a topical analgesic agent with multiple drugs. Guidelines state that compounded medications, if contains at least one drug that is not recommended, then the compound is not recommended. Capsaicin is recommended only as an option when other treatments have failed. There are no evidence based guidelines regarding recommendations for topical menthol. Thus, the request for Terocin 240 mL is not medically appropriate and necessary.

1 TENS Unit between 12/8/2014 and 2/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS), and Criteria for the Use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: Guidelines state that TENS is not recommended as a primary treatment modality but a trial may be considered if used for treatment of intractable pain for at least 3 months as an adjunct to conservative therapies. In this case, there is no documentation of functional restoration programs, documentation of length of time using the TENS, and functional improvement. The request for TENS unit is not medically necessary and appropriate.