

Case Number:	CM15-0001927		
Date Assigned:	01/12/2015	Date of Injury:	06/03/2011
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 06/03/2011. The mechanism of injury was not stated. The current diagnoses include lumbar discopathy with radiculopathy and right foot fracture. The injured worker presented on 09/25/2014 with complaints of persistent lower back pain. Upon examination there was 40 degree flexion, 15 degree extension, 20 degree right and left rotation, and 15 degree right and left lateral bending. Straight leg raise test was positive bilaterally at 30 degrees. Recommendations included continuation of the current medication regimen including topical creams and Terocin patches. The injured worker was also referred for an MRI, acupuncture, and physical therapy. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. According to the documentation provided, the injured worker has utilized Terocin patch since 06/2014 without any evidence of objective functional improvement. There was also no frequency listed in the request. Therefore, the request is not medically appropriate.