

Case Number:	CM15-0003674		
Date Assigned:	01/14/2015	Date of Injury:	03/08/2010
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 male who sustained an industrial related injury on 3/8/10. The injured worker had complaints of neck pain with radiation to bilateral shoulder and arms. The diagnosis was thoracic or lumbosacral neuritis or radiculitis. The injured worker had received two cervical epidural injections which provided marginal relief and received physical therapy, acupuncture, and chiropractic treatments. The injured worker used a TENS unit and exercised at home. The treating physician requested authorization for retro medrox patch 30 unit one month supply and retro Terocin #120. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the documentation did not provide sufficient evidence of significant objective functional limitations. In the absence of documentation with sufficient evidence of significant objective functional deficits and a complete and thorough pain evaluation the request is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Medrox Patch 30 unit one month supply: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 3/8/10. The medical records provided indicate the diagnosis of thoracic or lumbosacral neuritis or radiculitis. The injured worker had received two cervical epidural injections which provided marginal relief and received physical therapy, acupuncture, chiropractic treatments, TENS unit and exercised at home. The medical records provided for review do not indicate a medical necessity for: RETRO Medrox Patch 30 unit one month supply. Medrox patch is a topical analgesic containing MENTHOL 5g in 100g, CAPSAICIN 0.0375g in 100g. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended; therefore the treatment is not medically necessary and appropriate due to the presence of menthol, an agent that is not recommended.

RETRO Terocin #120: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 3/8/10. The medical records provided indicate the diagnosis of thoracic or lumbosacral neuritis or radiculitis. The injured worker had received two cervical epidural injections which provided marginal relief and received physical therapy, acupuncture, chiropractic treatments, TENS unit and exercised at home. The medical records provided for review do not indicate a medical necessity for RETRO Terocin #120. Terocin is a topical analgesic containing Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; and Lidocaine 2.50%. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, therefore the treatment is not medically necessary and appropriate due to the presence of menthol, an agent that is not recommended.