

Case Number:	CM15-0009044		
Date Assigned:	01/27/2015	Date of Injury:	05/05/2011
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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: Pennsylvania, Ohio, California
 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 51 year old male, who sustained an industrial injury on May 5, 2011. He has reported neck, head, and right shoulder pain. The diagnoses have included cervical spine disc protrusion, cervical spine degenerative disc disease, and cervical spine facet syndrome. Treatment to date has included multiple shoulder surgeries, nerve blocks, medial branch blocks, facet joint injections, physical therapy, medications, and imaging studies. Currently, the injured worker complains of continued neck pain radiating to the head. The treating physician is retroactively requesting a prescription for Terocin patch. On January 9, 2015 Utilization Review non-certified the request for the prescription for a Terocin patch noting the lack of documentation to support the medical necessity of the medication. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Terocin Patch (Menthol 4%/ Lidocaine 4%) dispensed on 12/30/14: 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 Topical Analgesics Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics states that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records in this case do not provide such details to support an indication or rationale for this requested topical agent. This request is not supported by the medical records or treatment guidelines. Overall, the request is not medically necessary.