

Case Number:	CM15-0017624		
Date Assigned:	02/24/2015	Date of Injury:	09/28/2013
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, New York
 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:

The injured worker is a 30 year old female, who sustained an industrial injury on 9/28/2013. The diagnoses have included discogenic thoracic disease, discogenic lumbar condition with facet inflammation and left sided radiculopathy and chronic pain syndrome. Treatment to date has included functional restoration program, medications, activity modification, imaging studies, EMG (electromyography)/NCS (nerve conduction studies), physical therapy, aqua therapy, homer exercise, chiropractic, acupuncture, psychological care and TENS unit . Currently, the IW complains of mid, thoracic and lumbar spine pain, worse on the left. Objective findings included tenderness across the thoracic and lumbar paraspinal muscles. She has quite a bit of myofascial pain. On 1/14/2015, Utilization Review non-certified a request for Terocin patch 4-4% #30 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/14/2015, the injured worker submitted an application for IMR for review of Trazodone 50mg #15 (approved), Cymbalta 20mg #30 (approved), and Terocin patch 4-4% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4-4% #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 Lidoderm, topical analgesics Page(s): 56-57, 111-112.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. There are also no guidelines for the use of menthol with the patient's spine complaints. There is also no evidence that she cannot tolerate oral analgesics. Therefore, the request is considered not medically necessary.