

Case Number:	CM15-0186863		
Date Assigned:	09/28/2015	Date of Injury:	04/21/2008
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 67 year old female who sustained an industrial injury 04-21-08. A review of the medical records reveals the injured worker is undergoing treatment for thoracic and lumbar sprain and strain, status post lumbar spine surgery, and right wrist sprain and strain. Medical records (07-16-15) reveal the injured worker complains of constant mid and low back pain radiating to the left lower extremity rated at 9/10 and right hand-wrist pain rated at 6/10. The physical exam (07-16-15) reveals diminished range of motion to the right wrist and tenderness over the carpal segments. Range of motion in the lumbar spine is also diminished. Prior treatment includes medications, lumbar spine surgery, and home exercise program, and heat. The original utilization review (08-31-15) non certified the request for Terocin topical patches #30. The documentation (05-26-15 through 07-16-15) supports that the injured worker has been using Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4%-4% topical patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112, Terocin patch is a topical combination of methyl salicylate, capsaicin, menthol and lidocaine. "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the documentation from 7/16/15 does not support the diagnosis of neuropathic pain. Therefore, the request is not medically necessary.