

Case Number:	CM15-0187471		
Date Assigned:	09/29/2015	Date of Injury:	09/21/2007
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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
 Certification(s)/Specialty: Emergency 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 60 year old male who sustained an industrial injury on 9-21-07. The diagnosis is lumbar disc displacement without myelopathy. Previous treatment includes acupuncture, chiropractics, heat, ice, home exercise, and medication. In a progress report dated 8-10-15, the physician notes pain is down from 8 out of 10 to 6 out of 10. It is noted that the chiropractics helped him to be able to walk for at least 30 minutes and helped with the pain in the left side of his leg and the secondary misalignment in his hips. Objective exam of the lumbar spine reveals restricted range of motion due to pain but flexion and extension were normal. On palpation there was paravertebral muscle tenderness, tight muscle band and trigger point on both sides. Spinous process tenderness is noted on L3, L4, and L5 and sensation is still decreased over L5 and S1 of the lower extremity. Current medications are Motrin 600mg three times a day as necessary and Lidoderm Patches apply to the spine for 12 hours a day only for flare ups. It is noted that he has failed oral medications including non-steroidal anti-inflammatory drugs, opioids, and neuropathics and that he has radicular pain that radiates in a dermatomal pattern. It is noted that he has been using Lidoderm patches which have not been effective at controlling his pain. The treatment plan is additional chiropractic sessions, Terocin topical patches to help decrease the radicular pain that the Lidoderm patches don't address, refill Motrin, consider myofascial therapy, and consider muscle strengthening through pool therapy. Work status is to resume-continue usual and customary work. The requested treatment of Terocin Patch 4%, apply 1 patch to affected area 12 hours on, 12 hours off #30 with 0 refills was not certified on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4% apply patch to effected area 12hrs on, 12hrs off #30 refills 0: 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: The requested Terocin patch 4% apply patch to effected area 12hrs on, 12hrs off #30 refills 0, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants." The injured worker has pain in the left side of his leg and the secondary misalignment in his hips. Objective exam of the lumbar spine reveals restricted range of motion due to pain but flexion and extension were normal. On palpation there was paravertebral muscle tenderness, tight muscle band and trigger point on both sides. Spinous process tenderness is noted on L3, L4, and L5 and sensation is still decreased over L5 and S1 of the lower extremity. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin patch 4% apply patch to effected area 12hrs on, 12hrs off #30 refills 0 is not medically necessary.