

Case Number:	CM15-0197260		
Date Assigned:	10/12/2015	Date of Injury:	03/28/2013
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii
 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 59 year old male, who sustained an industrial injury on 3-28-2013. The injured worker was being treated for lumbosacral musculoligamentous sprain and strain with radiculitis, rule out lumbar spine discogenic disease, status post right ankle open reduction and internal fixation with residual stiffness and pain, and status post right ankle arthroscopic synovectomy and removal of hardware on 7-27-2015. Medical records (6-4-2015 to 9-24-2015) indicate ongoing the injured worker reported low back pain radiating into the bilateral legs. In addition, he reported ongoing right ankle pain. The medical records (6-4-2015 to 9-24-2015) show the subjective low back pain rating shows no improvement from 8 out of 10. The medical records (6-4-2015 to 9-24-2015) show the subjective right ankle pain rating shows improvement from 8 out of 10 on to 7 out of 10. The physical exam (6-4-2015 to 9-24-2015) reveals decreased tenderness to palpation over the lumbar paraspinal muscles, unchanged palpable spasm, and restricted range of motion. There were positive bilateral straight leg raises with frequent right leg numbness and tingling, and trigger points present. There was increased tenderness to palpation and restricted range of motion of the right ankle. Per the treating physician (7-16-2015 report), x-rays of the right ankle were performed, but the results were no included in the provided medical records. Treatment has included physical therapy, acupuncture, a cane, and medications including oral pain, topical pain (Terocin patch since at least 8-2015). Per the treating physician (9-24-2015 report), the injured worker remains temporarily totally disabled. The requested treatments included Terocin patch #30. On 9-30-2015, the original utilization review non-certified/modified a request for Norco 10/325 #30 (original request for #150) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30, No NDC#, No refills, topical analgesic: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating into the bilateral legs and right ankle pain. The current request is for Terocin patch #30, no NDC #, no refills, topical analgesic. The treating physician states, in a report dated 09/24/15, He is prescribed "Terocin patch to use 1 to 2 patches daily as directed by the physician (12 hours on and 12 hours off) #30." (4B) The MTUS guidelines state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." In this case, the treating physician, based on the records available for review, states "Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID medications." There is no documentation to indicate decreased pain or increased function from the use of Terocin patches as required by MTUS page 60. The current request is not medically necessary.