

Case Number:	CM15-0204120		
Date Assigned:	10/20/2015	Date of Injury:	10/23/1998
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 39-year-old female who sustained a work-related injury on 10-23-98. Medical record documentation on 9-8-15 revealed the injured worker was being treated for compression fracture of the lumbar spine, kyphoplasty of L1 and residual asymmetry with levoscoliosis, kyphoscoliosis, and chronic pain syndrome. She reported ongoing low back pain. Her chronic pain was controlled by medications and she had no changes in her condition since her previous evaluation. Objective findings included lumbar spine range of motion with forward flexion to 15 degrees and extension to 5 degrees. She had tenderness to palpation over the lumbar paraspinal muscles and had guarding with palpation. She had tenderness to palpation over the lumbosacral region and walked with an antalgic gait. Her medications included Norco for chronic pain, Meloxicam, Omeprazole and Terocin patches (since at least 3-18-15) for relief in sleep. The Terocin patches helped to reduce her pain scale at night by 50%. The topical creams in conjunction with her oral medications decreased her pain by 50% and decreased her pain score from a 9.5 on a 10-point scale to a 4 on a 10-point scale. A request for Terocin patches #30 was received on 9-9-15. On 9-17-15, the Utilization Review physician determined Terocin patches #30 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Terocin patches, #30, apply 1 patch daily: 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 requested Terocin patches 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 antidepressants and anticonvulsants". The injured worker has ongoing low back pain. Her chronic pain was controlled by medications and she had no changes in her condition since her previous evaluation. Objective findings included lumbar spine range of motion with forward flexion to 15 degrees and extension to 5 degrees. She had tenderness to palpation over the lumbar paraspinal muscles and had guarding with palpation. She had tenderness to palpation over the lumbosacral region and walked with an antalgic gait. 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, One Terocin patches, #30, apply 1 patch daily is not medically necessary.