

Case Number:	CM15-0020490		
Date Assigned:	02/10/2015	Date of Injury:	07/10/2014
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina, Georgia
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 55 year old male who sustained an industrial fall injury to his lower back and tail bone on July 10, 2014. Initial X-Rays were negative for fracture. No other diagnostic or radiological reports were noted. The injured worker was diagnosed with lumbago, lumbar sprain/strain and radiculitis lower extremities. According to the primary treating physician's progress report on December 9, 2014 the injured worker was experiencing burning, radicular lower back pain and spasms. There was tenderness at the lumbar paraspinal muscles, over the spinous processes at L4-S1 and at the sciatic notch. Straight leg raise was positive at 30 degrees on the right and 25 degrees on the left. Current medications aside from topical analgesic were not documented. Treatment modalities consisted of physical therapy (unknown dates and quantity) and topical analgesics. The treating physician requested authorization for Terocin Patches. On January 5, 2015 the Utilization Review denied certification for Terocin Patches. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57, 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin contains lidocaine which is approved only for use in Lidoderm patch, and also contains menthol which is not a recommended topical analgesic. As such, Terocin is not medically necessary and the original UR decision is upheld.