

Case Number:	CM15-0021433		
Date Assigned:	02/11/2015	Date of Injury:	08/31/2006
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona
 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 45-year-old female who reported an injury on 08/31/2006 due to an unspecified mechanism of injury. On 01/07/2015, she presented for a followup evaluation. She reported that she had pain in the cervical spine with radiation into both arms and associated numbness and tingling. A physical examination showed a positive Adson's test bilaterally and decreased grip bilaterally. It should be noted that the handwritten notes provided within the documentation were mostly illegible. She was diagnosed with psychiatric dysesthesias plus GERD, IBS plus rule out thoracic outlet syndrome, and status post left shoulder surgery with residual pain. The treatment plan was for 30 Terocin patches. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker had tried and failed recommended oral medications or that she is intolerant to medications to support the request for a topical analgesic. Also, Terocin contains capsaicin. Capsaicin is only recommended by the guidelines for those who are intolerant or have not responded to all other forms of conservative care. There is a lack of documentation showing that the injured worker is intolerant to or has failed all recommended forms of conservative therapy. Therefore, the request is not supported. As such, the request is not medically necessary.