

Case Number:	CM15-0029278		
Date Assigned:	02/23/2015	Date of Injury:	06/11/2014
Decision Date:	04/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old female with an industrial injury dated June 11, 2014. The injured worker diagnoses include shoulder arthropathy, cervicalgia, lumbago and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, acupuncture therapy and periodic follow up visits. According to the progress note dated 11/12/2014, the injured worker reported neck pain, lower back pain and chest pain. Lumbar exam revealed restricted range of motion, tenderness, spasm and tight muscle bands. Neck and shoulder exam revealed restricted range of motion and tenderness. Treatment plan consists of prescribed medications, follow up appointment, chiropractic therapy, additional acupuncture therapy, and lumbar epidural steroid injection (ESI), Magnetic Resonance Imaging (MRI) of right shoulder, and lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patch 10, 3 boxes with a dos of 11/12/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin patch is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above the retrospective request for Terocin patches is not medically necessary.