

Case Number:	CM15-0218123		
Date Assigned:	11/10/2015	Date of Injury:	08/28/2013
Decision Date:	12/28/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/05/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 24 year old male who sustained an industrial injury on 8-23-13. A review of the medical records indicates that the worker is undergoing treatment for mid back pain, low back pain, muscle pain, chronic pain syndrome, possible lumbar facet pain, and neck pain. Subjective complaints (9-30-15) include mid back and lower back pain, increased pain in the neck with radiation to the upper extremities. Current medications are Naproxen, Omeprazole, Flexeril, and Tramadol. It is reported that the medications assist to tolerate his pain but do not help with completely taking the pain or assist to increase functionality. Objective findings (9-30-15) include a positive straight leg raise (right), 5 out of 5 bilateral upper extremity strength, decreased sensation of the left arm more than right, positive Spurling's, tenderness over cervical paraspinals and facet joints and reduced cervical range of motion in all planes. A urine toxicology screening (8-26-15) was reported as consistent with prescriptions. Previous treatment includes ice and heat therapy, physical therapy, facet joint injections, chiropractic therapy, home exercise, Naproxen, Cyclobenzaprine, Omeprazole, and Ultracet. Prescriptions are Naprosyn, Omeprazole, Tramadol, and Lidocaine-Menthol (Terocin) Patch. The requested treatment of Terocin Patches 4.4% x 3 boxes was non-certified on 11-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches 4.4% X 3 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Lidoderm (lidocaine patch), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.