

Case Number:	CM15-0222974		
Date Assigned:	11/18/2015	Date of Injury:	07/12/2014
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/12/2015

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 50 year old female sustained an industrial injury on 7-12-14. Documentation indicated that the injured worker was receiving treatment for cervical facet syndrome, cervical spine radiculitis, lumbar spine radiculopathy, anxiety and depression. Previous treatment included lumbar discectomy and fusion (4-6-15), physical therapy, aqua therapy, psychological care, ice, rest and medications. In an initial evaluation dated 10-15-15, the injured worker complained of neck, back and intermittent head and arm pain, rated 8 to 9 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with "mild" spasm and tenderness to palpation with "good" mobility, 4 out of 5 motor strength and 1+ biceps, brachialis and triceps reflexes, bilateral grip strength 14, lumbar spine with "slight" spasm and tenderness to palpation with good range of motion and 4 out of 5 muscle strength and negative straight leg raise. The physician recommended continuing medications (Norco and Terocin patches) and also recommended compound cream. On 11-4-15, Utilization Review non-certified a request

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 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 neck, back and intermittent head and arm pain, rated 8 to 9 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with "mild" spasm and tenderness to palpation with "good" mobility, 4 out of 5 motor strength and 1+ biceps, brachialis and triceps reflexes, bilateral grip strength 14, lumbar spine with "slight" spasm and tenderness to palpation with good range of motion and 4 out of 5 muscle strength and negative straight leg raise. 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, Terocin patches are not medically necessary.

Compound creams: 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 Compound creams, 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 neck, back and intermittent head and arm pain, rated 8 to 9 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with "mild" spasm and tenderness to palpation with "good" mobility, 4 out of 5 motor strength and 1+ biceps, brachialis and triceps reflexes, bilateral grip strength 14, lumbar spine with "slight" spasm and tenderness to palpation with good range of motion and 4 out of 5 muscle strength and negative straight leg raise. 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, Compound creams are not medically necessary.