

Case Number:	CM15-0048060		
Date Assigned:	03/19/2015	Date of Injury:	07/28/1994
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Preventive Medicine, Occupational 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 57-year-old male injured worker suffered an industrial injury on 07/28/1994. The diagnoses included lumbar degenerative disc disease with probable radicular symptoms. The injured worker had been treated with medications. On 2/4/2015, the treating provider reported back pain and leg paresthesias rated 4/10. There is tenderness on the right low back with positive straight leg raise. The treatment plan included Terocin lotion, Celebrex as needed and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not

support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary.

Celebrex 100 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: MTUS Guidelines support the intermittent use of NSAIDs for chronic back pain. The Guidelines also support the use of Celebrex as a secondary drug when there are GI symptoms. This individual meets these Guideline criteria for Celebrex and has successfully avoid long term opioid use. Under these circumstances, the Celebrex 100mg. Qty 60 is supported by Guidelines and is medically necessary.

Flector patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines: Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.flectorpatch.com.

Decision rationale: MTUS Guidelines do not support the long-term use of Flector patches nor do the Guidelines support the use of topical NSAIDs for spinal pain. The manufacturer does not recommend the long-term use of Flector patches. There are no unusual circumstances to justify an exception to Guidelines or manufacturer recommendations. The Flector patches are not medically necessary.