

Case Number:	CM15-0053386		
Date Assigned:	04/30/2015	Date of Injury:	03/01/2013
Decision Date:	05/29/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 34-year-old male, who sustained an industrial injury on March 1, 2013. He reported he fell from the third floor of a house landing on his back and right leg. The injured worker was diagnosed as having fracture of tibia and fibula, lumbago, and cervicgia. Treatment to date has included group psychotherapy, MRIs, x-rays, chiropractic treatments, physical therapy, bracing, and medication. Currently, the injured worker complains of neck, low back, right leg, and right ankle pain, with numbness in the right knee down and the left arm/hand, and spasms and stiffness over the back of the neck causing headaches and motion loss. The Treating Physician's report dated February 5, 2015, noted the injured worker rated his pain at a 6/10 per the visual analog scale (VAS) without analgesic medications. The lumbar spine examination was noted to show tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. The treatment plan was noted to include Terocin patches dispensed for topical pain/inflammation control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 2 boxes Terocin patches between 2/5/15 and 2/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for chronic widespread pain. When seen, there was lumbar paraspinal muscle tenderness and spasm. He had improved after acupuncture treatments. Medications being prescribed included Naprosyn, 550 mg two times per day. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Naprosyn without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.