

Case Number:	CM15-0082142		
Date Assigned:	05/04/2015	Date of Injury:	08/10/2012
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 was a 30-year-old male, who sustained an industrial injury, August 10, 2012. The injury was sustained when the injured worker's hand was caught in a punch press and the injured worker then fell from a height onto the back. The injured worker previously received the following treatments and diagnostics; lumbar spine MRI, Norco, Soma, Naproxen, random toxicology laboratory studies and Voltaren gel. The injured worker was diagnosed with chronic pain syndrome and lumbar radiculopathy. According to progress note of April 10, 2015, the injured workers chief complaint was lumbar spine pain with continued numbness and tingling radiating into the feet and toes. The injured worker rated the pain at 7-8 out of 10; 0 being no pain and 10 being the worse pain. The pain was constant and went as high as 9 out of 10. The pain was exacerbated by sitting and standing longer than 30-45 minutes, with associated spasms. The injured worker tries over the counter medications, which caused side effects. The physical exam noted the injured worker's posture was normal with sitting and standing. There were normal transitions from sitting to standing. The injured worker had normal mobility with sitting and standing transitions and for bed mobility. There was tenderness with palpation of the paravertebral muscles, spasms, tight muscle bands and trigger point (the twitch response was obtained along with radiating pain on palpation) was noted on the right side. There was spinous process tenderness at L4-L5. The straight leg raises were positive on the right in the sitting position. The lower extremity reflexes were equal and symmetric. The treatment plan included a new prescription for Terocin Patches. The medications listed are Norco, Soma, naproxen and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical analgesic products.

Decision rationale: The CA MTUS and the OD guidelines recommend that topical analgesics products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications has failed. The records did not show that the patient has subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS or failure of first line medications. The guidelines recommend that topical products be utilized individually so evaluation of efficacy. The Terocin patch contains menthol 10% / lidocaine 2.5%/capsaicin 0.025%/ methyl salicylate 25%. There is lack of guidelines and ODG support for the utilization of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch #30 were not medically necessary.