

Case Number:	CM13-0030693		
Date Assigned:	11/27/2013	Date of Injury:	07/03/2003
Decision Date:	02/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported a date of injury of July 3, 2003. Her diagnoses include pain in the lower leg, lumbar disc displacement without myelopathy, degenerative disc disease nor lumbar spine, lumbar goal, plantar fascial fibromatosis, neuralgia, neuritis, radiculitis unspecified. Patient continues to have 8-9/10 pain and popping in her left knee. The PTP states the medications she is on, including tramadol, Prilosec, Medrox patches and Terocin cream are helping with her pain levels and allowing for her to have increased level of function. There is no clear definition as to what the increased level function is. There is no documentation of any failed trials of anticonvulsants or antidepressants in the current records. There is also no indication as to why the patient cannot tolerate oral medications. The only medical records present are AME examinations from 2010 and 2011. In an evaluation of a sub rosa done in 2012. There are no current PTP records given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion 4oz: Upheld

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

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

Decision rationale: CA MTUS discusses topical anagesics contained in terocin individually. This requested medication Terocin contains lidocaine and capsaicin. CA MTUS recommends topical lidocaine for neuropathic pain. There is no evidence this patient has neuropathic pain. And even if there was, lidocaine is not a first line therapy. There is no documentation that first line therapy with TCA or AEDs has been tried). In addition, MTUS only recommends lidocaine topically as the Lidoderm patch for neuropathic pain. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. These are not indications for this patient. Capsaicin is a topical treatment for patients with osteoarthritis, fibromyalgia or chronic back pain. However, MTUS states there is limited evidence for the efficacy of this medication. The patient has been taking this medication for an extended amount of time without documentation of improvement. As Terocin contains medications not recommended for this patient, and there is no documentation of its effectiveness, the request is not medically necessary.

Medrox patches box (5 patches): Upheld

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

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

Decision rationale: The applicant does not appear to have tried and/or failed first line oral analgesics, which, per ACOEM in chapter 3, are a first line palliative method. There is, consequently, no support for usage of topical agents and/or topical compounds, which are per ACOEM table 3-1 "not recommended" and are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the original utilization review decision is upheld.