

Case Number:	CM14-0100007		
Date Assigned:	07/28/2014	Date of Injury:	04/29/2009
Decision Date:	10/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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. The expert 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 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/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:

This patient is a 54 year old male who has developed chronic spinal pain and extremity pain subsequent to an injury dated 4/29/09. He has been diagnosed with chronic neck pain with a radicular component, chronic low back pain with radiculitis, left elbow pain-strain, left knee strain, and right knee meniscal tear. His low back has been treated with injection therapy. Oral medications include Tramadol ER, Alprazolam and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (Menthol 5% and Lidocaine 5%) Pain Patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: MTUS Guidelines are very specific regarding the use of topical Lidocaine. Only FDA approved patches are recommended and the only FDA approved patch is Lidoderm. The compounded Terocin is not Guideline supported and there are no unusual circumstances to support an exception to Guidelines. The Terocin Pain patch #20 is not medically necessary.