

Case Number:	CM14-0108312		
Date Assigned:	09/16/2014	Date of Injury:	02/18/2010
Decision Date:	10/21/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 31-year-old gentleman was reportedly injured on February 18, 2010. The most recent progress note, dated August 18, 2014, indicates that there were ongoing complaints of low back pain radiating to the lower extremities. Pain is rated at 9/10 without medication and 6/10 with medication. The physical examination demonstrated tenderness along the lumbar spine and decreased range of motion secondary to pain. There was decreased sensation at the right L5 dermatome and a positive right-sided straight leg raise test at 70. Diagnostic imaging studies of the lumbar spine: a residual disc at L4 - L5 from a prior discectomy and a disc bulge at L3 - L4. Previous treatment includes a lumbar spine discectomy, oral medications, and the use of a TENS unit. A request had been made for Terocin patches and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for 30 Terocin Patches (Express Scripts): Upheld

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

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

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips, or shoulders. When noting the injured employee's diagnosis of low back pain, this request for Terocin patches is not medically necessary.