

Case Number:	CM14-0115351		
Date Assigned:	08/04/2014	Date of Injury:	09/15/2011
Decision Date:	12/23/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 53 year old male with date of injury 9/15/2011. The mechanism of injury is stated as cumulative trauma. The patient has complained of low back pain since the date of injury. He has been treated with physical therapy, epidural steroid injections and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the lumbar spine; dysesthesia in an L5/S1 distribution bilaterally. Diagnoses: lumbar disc disease; back pain. Treatment plan and request: Terocin patch, Methoderm gel, Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch, count 30.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

Decision rationale: This 53 year old male patient has complained of low back pain since date of injury 9/15/11. He has been treated with physical therapy, epidural steroid injections and medications. The current request is for Terocin patch. Per the MTUS guidelines cited above, the

use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Terocin patch is not medically necessary.

Menthoderm Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 300.

Decision rationale: This 53 year old male patient has complained of low back pain since date of injury 9/15/11. He has been treated with physical therapy, epidural steroid injections and medications. The current request is for Mentoderm gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Mentoderm gel is not medically necessary.

Orphenadrine citrate ER 100 mg. Count 120.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: This 53 year old male patient has complained of low back pain since date of injury 9/15/11. He has been treated with physical therapy, epidural steroid injections and medications to include muscle relaxants since at least 08/2012. Per the MTUS guidelines cited above, muscle relaxant agents (Orphenadrine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Orphenadrine is not medically necessary.