

Case Number:	CM14-0117506		
Date Assigned:	08/06/2014	Date of Injury:	11/13/2013
Decision Date:	11/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/26/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 40-year-old male with an 11/13/13 date of injury. At the time (5/12/14) of the request for authorization for Terocin Pain Patch #20, there is documentation of subjective (constant low back pain radiating to the right lower extremity with numbness and tingling, constant right shoulder pain, occasional right forearm pain) and objective (decreased right shoulder range of motion, tenderness and spasm of trapezius, decreased range of motion lumbar spine, tender lumbar spine with spasms, and bilateral lower extremities decreased sensation at L5-S1) findings, current diagnoses (lumbar myospasm, right shoulder bicipital tenosynovitis, right shoulder osteoarthritis, and right forearm status post surgery), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?sotid=100ceb76-8ebe-437b-a8de-37cc-76cce9bb>

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar myospasm, right shoulder bicipital tenosynovitis, right shoulder osteoarthritis, and right forearm status post surgery. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Pain Patch #20 is not medically necessary.