

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0123706 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 08/21/2013 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Preventive Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old who was injured on 08/21/2013. The injured worker complains of lower back pain that radiates to the bilateral thighs. The pain is worsened by bending, stooping, twisting and prolonged sitting. The pain is associated with numbness his right and left thighs, pain that radiates into his testicles. Also he complained of spasms in his lower back and lower abdomen that makes him jump involuntarily. The physical examination was unremarkable but for limited range of motion of the lumbar spine, tenderness of the lumbar paraspinal muscles, tenderness in the sacroiliac joints and the sciatic notches. MRI of 10/11/2013 revealed disc bulges, facet arthropathy, foraminal narrowing at L5, S1. He has been diagnosed of Lumbar disc annular tear with HIZ L4 L5 and L5 S1; Sprain with inflammation right sacroiliac joint. Treatments have included physiotherapy, Chiropractic care, Naproxen, Prilosec, Relafen, Flexeril, and Ultram. At dispute is the request for Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 08/21/2013. The medical records provided indicate the diagnosis of Lumbar disc annular tear with HIZ L4 L5 and L5 S1; Sprain with inflammation right sacroiliac joint. Treatments have included physiotherapy, Chiropractic care, Naproxen, Prilosec, Relafen, Flexeril, Ultram. The medical records provided for review do not indicate a medical necessity for request for Terocin patches #30. The topical analgesics experimental drugs recommended as an option in the treatment of neuropathic that is unresponsive to antidepressants and anticonvulsants. The MTUS does not recommend the use of any compound topical analgesics containing one or more agents or drug class that is not recommended. Terocin is a compound topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% and Lidocaine 2.50%. The menthol is not a recommended topical analgesic; there is no evidence there was failed treatment with the first line drugs. Therefore the requested treatment is not medically necessary.