MAXIMUS Federal Services

Case Number:	CM14-0142657		
Date Assigned:	09/10/2014	Date of Injury:	01/10/2012
Decision Date:	10/27/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The claimant was injured on 01/10/12. Terocin patches are under review. A note dated 06/09/14 indicates that injured worker had constant moderate low back pain and low back tightness with left leg pain and right leg tightness that was increased with his activities and with sneezing or coughing. He was using medications including Lyrica, Prilosec, tramadol, Flexeril, and naproxen. EMG/nerve conduction studies in February 2014 revealed mild chronic L5 radiculopathy on the left. He was found to be permanent and stationary. Diagnosis was lumbar myoligamentous strain with symptoms in the right foot, rule out HNP. He was given Terocin patches. On 03/12/14, he was doing home exercises and using hot and cold packs and a TENS unit. He was also using traction. Epidural injection #4 was pending. His medications were refilled. He had been receiving Norco and Lyrica for a number of months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Terocin Patches Qty: 30 dispensed on 06/09/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Terocin patches #30, dispensed on 06/09/14. The MTUS states that "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" The claimant received refills of his other medications with no evidence of side effects or lack of effectiveness. It is not clear what additional benefit may be anticipated from the use of a Terocin patch when descriptions of benefit or lack thereof from current medications have not been documented. The medical necessity of this request for Terocin patches has not been clearly demonstrated. Therefore, the retrospective request for Terocin Patches, quantity 30 dispensed on 06/09/2014 is not medically necessary and appropriate.