

Case Number:	CM14-0153439		
Date Assigned:	09/23/2014	Date of Injury:	02/24/2013
Decision Date:	12/02/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 29 year old with an injury date on 2/24/13. Patient complains of worsening left-sided lumbar pain with spasm per 7/14/14 report. Patient also has pain over the hip and over the greater trochanter, with worsening radicular pain down left leg to the left foot with a new numb sensation in the area per 7/14/14 report. Based on the 7/14/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar spine s/s with left sided SI joint inflammation. The patient was scheduled for left-sided SI joint injection which was canceled. She did have an MRI done which despite multiple requests we have been unable to obtain. 2. left hip greater trochanteric bursitis. 3. previous history as a child sustaining tibial fracture which has gone on to healing and patient has returned to all her activities. 4. left mild patellofemoral pain due to slight limp. 5. no evidence of any left ankle pathology. 6. cervical s/s, mild. Exam on 7/14/14 showed "2+ tenderness to palpation over left greater trochanter. Negative straight leg raise." No range of motion testing was provided in reports. Patient's treatment history includes acupuncture (6 visits), chiropractic treatment (6 visits), but no physical therapy approved. [REDACTED] is requesting retrospective request for terocin lotion duration and frequency unknown. The utilization review determination being challenged is dated 9/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/10/14 to 7/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin lotion duration and frequency unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines , 2ND Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine ,Salicylate topicals Page(s): 111-113,105.

Decision rationale: This patient presents with back pain and left lower extremity pain. The treating physician has asked for Retrospective request for Terocin lotion duration and frequency unknown on 7/14/14. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of lidocaine is indicated. In this case, the requested lotion form of lidocaine is not indicated per MTUS guidelines. Therefore the request is not medically necessary.