

Case Number:	CM14-0093743		
Date Assigned:	09/12/2014	Date of Injury:	04/19/2002
Decision Date:	10/14/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old female was reportedly injured on April 19, 2002. The most recent progress note, dated April 8, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated a positive straight leg raise test at 40 bilaterally and decreased sensation along the lateral aspect of the bilateral thighs. Diagnostic imaging studies of the lumbar spine showed bilateral facet arthropathy at L4-L5 with traversing nerve root compromise. Previous treatment included a lumbar epidural steroid injection. A request had been made for Terocin lotion and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenocin Lotion 240 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, 2014 web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications, indicated for usage, include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for terocin lotion is not medically necessary.