MAXIMUS Federal Services

Case Number:	CM14-0098862		
Date Assigned:	07/28/2014	Date of Injury:	04/29/2009
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 injured worker is a 54-year-old gentleman who was reportedly injured on April 29, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 28, 2014, indicates that there are ongoing complaints of neck pain, headaches, low back pain, bilateral elbow pain, and bilateral knee pain. The physical examination demonstrated decreased cervical and lumbar spine range of motion with spasms. There was a positive bilateral straight leg raise test. Tenderness was noted throughout the lumbar spine. Diagnostic imaging studies of the lumbar spine showed diffuse disc desiccation and a disc protrusion at L4 - L5 facing the thecal sac and touching the right L4 exiting nerve root. There was a grade 1 anterolisthesis of L4 on L5. Previous treatment includes a lumbar spine decompression of L4 - L5 and L5 - S1. A request was made for terocin 120 ml: Capsaicin 0.025%-Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5% and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120 ml: Capsaicin 0.025%-Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127..

Decision rationale: 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 California Medical Treatment Utilization Schedule, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Terocin 120 ml: Capsaicin 0.025%-Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5% is not medically necessary.