

Case Number:	CM14-0215575		
Date Assigned:	01/05/2015	Date of Injury:	04/19/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female with an injury date on 4/19/12. The patient complains of low lumbar pain and right knee pain per 10/27/14 report. The patient describes her left-sided low back area that is ongoing, rated 6-8/10 on VAS scale per 10/27/14 report. The pain in her right knee is in the posterior aspect per 9/15/14 report. The 8/7/14 report also states the patient had a flare-up of lumbar pain. Based on the 10/27/14 progress report provided by the treating physician, the diagnoses are: 1. chronic low back pain, 2. right knee pain. A physical exam on 10/27/14 showed "L-spine range of motion is restricted with extension at 10 degrees." The patient's treatment history includes medications, physical therapy, activity modification, home exercise program. The treating physician is requesting prescription drug, generic. The utilization review determination being challenged is dated 12/3/14. The requesting physician provided treatment reports from 1/27/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: Upheld

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

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

Decision rationale: This patient presents with lower back pain and right knee pain. The treater has asked for Terocin on 10/27/14. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. In this case, the patient has chronic low back and right knee pain. It appears that the patient does not present with peripheral neuropathy, but with musculoskeletal pain of the knees and possible soft tissue pathology of L-spine. The requested Terocin Patches would not be indicated for these types of conditions. The request is not medically necessary.