

Case Number:	CM15-0011174		
Date Assigned:	01/29/2015	Date of Injury:	08/14/1995
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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, Arizona

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 injured worker is a 70-year-old female who reported an injury on 08/14/1995. The mechanism of injury was due to a fall. On 12/02/2014, she presented for a followup evaluation regarding her work related injury. It was noted that she had undergone a caudal epidural injection in the past that had helped 75% of her pain for several months. Her medications included Neurontin 300 mg 3 times a day and Relafen. A physical examination showed that she had severe depressive symptoms due to her denial of medications, injections, and increasing pain and weakness. She had a positive sitting straight leg raise on the left, mildly positive on the right, and pain limited manual muscle testing on the left at a 4/5 in the ankle dorsiflexors and elevators, 3/5 in the left knee flexors and extensors and hip abductors, and 5/5 throughout the rest. She was noted to be wearing a lumbar corset brace. The treatment plan was for Terocin patches due to her inability to tolerate anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30 dispensed on 12/02/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker has tried and failed recommended oral medications to support the requested intervention. Also, Terocin patches contain lidocaine and capsaicin. Capsaicin is only recommended when there is documentation that the injured worker is intolerant or unresponsive to all other forms of therapy. There is a lack of documentation showing that the injured worker is intolerant or unresponsive to all other forms of therapy to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.