

Case Number:	CM15-0122913		
Date Assigned:	07/14/2015	Date of Injury:	02/18/2005
Decision Date:	08/11/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old female patient who sustained an industrial injury on 02/18/2005. The accident was described as while working regular duty as a costume assistant she encountered cumulative trauma with resulting injury over the course of employment. A primary treating office visit dated 12/11/2014 reported primary complaints of with constant, cramping, achy, severe pain. There has been no change in symptom since the last visit. The following treating diagnoses were applied: status post C4-7 anterior dissection/fusion 11/12 with prior C6-L6 fusion with bilateral lower extremity radiculitis, and status post bilateral axillary resection. The plan of care noted the patient's care being transferred to pain specialist. The patient was deemed permanent and stationary on 07/17/2014. He is prescribed a modified work duty. Current medications are: Norco 10/325mg, Colace, Topamax, Ambien, Zanaflex, MS Contin, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches #30: 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin pain patch #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Terocin contains lidocaine, Capsaisin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are hypertension, constipation and acute gastritis. The requesting provider is an internal medicine provider. The date of injury is February 18, 2005. The request for authorization is May 20, 2015. The requesting provider's most recent progress note is dated February 4, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization (May 20, 2015) dated May 20, 2015. Subjectively, according to the February 4, 2015 progress note, and worker had no real changes, severe pain, as left-sided chest pain and is occasionally nauseating. Physical examination showed normal vital signs and had an unremarkable physical examination. There is no clinical indication or rationale for topical analgesics. Consequently, absent contemporary clinical documentation on or about the date of request for authorization (May 20, 2015), Terocin pain patch #30 is not medically necessary.