

Case Number:	CM15-0123255		
Date Assigned:	07/07/2015	Date of Injury:	04/10/2012
Decision Date:	08/06/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on 4/10/12. The initial diagnosis and symptoms experienced by the injured worker were not included in the documentation. Treatment to date has included FRP treatment and medication. Currently, the injured worker complains of low back and neck pain. The injured worker is diagnosed with cervicogenic headaches, cervical spondylosis with myelopathy, chronic pain syndrome and low back pain. His work status is return to work with modifications (if the modification cannot be accommodated he should be considered medically temporarily totally disabled). In notes dated 4/20-24/15 it states the injured worker is making progress with FRP treatment. A note dated 5/15/15 states the injured worker found the FRP treatment somewhat helpful. It also states he is experiencing neuropathic pain. An examination of the same date reveals a normal gait, no difficulty transitioning from a seated position to standing; standing/sitting posture and mobility are within normal limits. The medication, Terocin patch 4% #30, is requested to reduce the injured workers pain without oral medications and improve his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4 Percent QTY 30/Month with 0 Refills: 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 rationale: Regarding the request for Terocin patch, California MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line treatment. Given all of the above, the requested Terocin patch is not medically necessary.