

Case Number:	CM15-0025597		
Date Assigned:	02/18/2015	Date of Injury:	02/20/2005
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 42 year old male who sustained an industrial injury on 02/20/2005. Current diagnoses include myoligamentous strain of the lumbar spine with right L5 radiculopathy and disc protrusion with small extrusion L3-L4 and osteophyte complex L4-L5 and L5-S1. Previous treatments included medication management, epidural injections, H-wave unit, and physical therapy. The 2010 EMG report showed L5 radiculopathy. Report dated 01/26/2015 noted that the injured worker presented with complaints that included low back pain radiating to the lower extremities. Physical examination showed positive straight leg raising test, decreased sensation along the L5 and S1 dermatomes. The medications listed are Tramadol, Neurontin and omeprazole. Utilization review performed on 01/12/2015 non-certified a prescription for retrospective (DOS 12/17/2014) Terocin patches and vitamin B12 injection, based on the guidelines recommendations and the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, Official Disability Guidelines, and Official medical Fee Schedule-Dietary Supplements in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Terocin Patches Dispensed on 12/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS recommend that compound topical products can be utilized for the treatment of localized neuropathy when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathy such as CRPS. The diagnosis is musculoskeletal pain with lumbar radiculopathy. The patient is utilizing oral anticonvulsant medications. The guidelines recommend that topical products be utilized individually to evaluate efficacy. The Terocin patch contains menthol 10% / lidocaine 2.5% / capsaicin 0.025% / methyl salicylate 25%. There is lack of guidelines support for the chronic use of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the retrospective use of Terocin patch DOS 12/17/2014 was not met.

RETRO: B-12 Injection Given on 12/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 9th Edition (web), 2011, Chronic Pain-Medical Food, and The Official Medical Fee Schedule; General Instructions, page 7, Dietary supplements.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Vitamins.

Decision rationale: The CA MTUS did not address the use of Vitamin B12 in the treatment of chronic musculoskeletal pain. The ODG guidelines recommend that Vitamin B12 replacement treatment can be utilized in the management of neuropathic pain if there is documentation of Vitamin B12 deficiency as the cause of the neuropathy. The records did not show that the patient was diagnosed with vitamin B12 deficiency or peripheral neuropathy secondary to vitamin deficiency. The diagnosis was discogenic lumbar radiculopathy. The criteria for the use of Vitamin B12 injection DOS 12/17/2014 was not met.