

Case Number:	CM15-0069067		
Date Assigned:	04/16/2015	Date of Injury:	12/12/2011
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: California
 Certification(s)/Specialty: Emergency 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(n) 47 year old male, who sustained an industrial injury on 12/12/11. He reported pain in his lower back due to lifting a heavy object. The injured worker was diagnosed as having lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included a lumbar MRI, a lumbar epidural injection, an EMG study, physical therapy and pain medications. The injured worker underwent a left L3-L4 decompression in 5/2012. He initially had improvement, but then worsening symptoms and a repeat MRI showed a large recurrent left L3-L4 disc herniation. He then had an L3-L4 decompression and fusion surgery in 10/2012. As of the PR2 dated 3/4/15 the injured worker reported 5-10/10 pain in his lower back and legs. He is wearing a back brace and indicated that it allows him to work full duty, but it is worn out. The treating physician noted tenderness throughout the lower lumbar spine. The treating physician requested Terocin lotion #2 bottles and a top shelf BOA back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion, two bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 Page(s): 112 of 127.

Decision rationale: Terocin lotion is a combination medication with lidocaine, capsaicin, menthol, and methyl salicylate. It would be categorized as a topical analgesic. The MTUS guidelines state that topical lidocaine is indicated for peripheral pain after there has been a trial of first line therapy. First line therapy includes tri-cyclic or SNRI antidepressants or an AED type medication. Further research is needed to recommend its use beyond post-herpetic neuralgia. It is not advised for use in non-neuropathic pain. Therefore, this request is not medically necessary.

Top shelf BOA back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9 and 301.

Decision rationale: The patient sustained his injury in December of 2011. He underwent and L3-L4 decompression and ultimately a lumbar fusion was performed. Since his fusion, there has been no documentation of instability or re-injury. The MTUS guidelines do not support the use of a lumbar support beyond the acute phase of symptom relief. Further, it provides a false sense of security, and as such should be avoided. Therefore, this request is not medically necessary.