MAXIMUS Federal Services

Case Number:	CM15-0070878		
Date Assigned:	04/20/2015	Date of Injury:	12/07/2010
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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

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 38 year old male who sustained an industrial injury on 12/7/10 when he fall ten feet from a ladder injuring his low back, right elbow and right foreleg. He currently complains of right low back pain, joint pain right elbow and right index finger. Medications were not specifically mentioned. Diagnosis is lumbago. Treatments to date include acupuncture. Diagnostics were not available for review. There were no progress notes available that indicated Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% apply 1 patch to affected area, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: This patient presents with complaints of backache and joint pain in the right elbow and right index finger. The current request is for TEROCIN PATCH 4% APPLY 1 PATCH TO AFFECTED AREA #30. The Request for Authorization is not provided in the medical file. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines page 111 through 113 under topical analgesic state, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." The MTUS Guidelines supports the use of topical for osteoarthritis and tendinitis, in particular of the knee and elbow or other joints that are amenable to topical treatment. The medical file provided for review includes two progress reports dated 09/23/14 and 10/28/14 and provides no discussion regarding this request. The Utilization review dated 04/06/15 references a report from 03/26/15. This report was not provided for my review. According to this report the patient had been utilizing the medications Ultram and Terocin patches. The medical reports do not specify for which body part these topical patches are to be used for. In this case, the patient presents with elbow pain and the use of Terocin patches may be indicated; however, the patient has been using the patches prior to 03/26/15 without any documentation of efficacy. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.